



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
CITY CLERK'S OFFICE  
METHUEN, MA

2019 SEP -9 AM 9:45

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Jan. 16, 2019

Ending Date:

Sept. 8, 2019

Type of Report: (Check one)

8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Dennis D. J. Deeb

Candidate Full Name (if applicable)

Methuen Central District City Council

Office Sought and District

50 Concord Street; Methuen, MA 01844

Residential Address

Telephone Number (optional):

Committee To Elect Dennis D. J. Deeb

Committee Name

Louis C. DeVito

Name of Committee Treasurer

50 Concord Street; Methuen, MA 01844

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$655.07

Line 2: Total receipts this period (page 3, line 11)

\$0

Line 3: Subtotal (line 1 plus line 2)

\$655.07

Line 4: Total expenditures this period (page 5, line 14)

\$0

Line 5: Ending Balance (line 3 minus line 4)

\$655.07

Line 6: Total in-kind contributions this period (page 6)

\$380.00

Line 7: Total (all) outstanding liabilities (page 7)

\$2,099.41

Line 8: Name of bank(s) used: Lowell Five

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 9-4-19

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate (check 1 box only)

##### Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

##### Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 9-8-19

**SCHEDULE A: RECEIPTS**

**SCHEDULE A: RECEIPTS**  
M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.  
(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Line 9: Total Receipts over \$50 (or listed above)

40

Line 10: Total Receipts \$50 and under\* (not listed above)

60

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

30

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE B: EXPENDITURES**

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under\* (not listed above)

10

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

40

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

**SCHEDULE C: "IN-KIND" CONTRIBUTIONS**

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Enter on page 1, line 6 →

#### 14-15 TOTAL IN-KIND CONTRIBUTIONS

\$380.00

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. Page 6

**SCHEDULE D: LIABILITIES**

## **SCHEDULE D: LIABILITIES**

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Enter on page 1, line 7 →

**18. TOTAL OUTSTANDING LIABILITIES (ALL)**

460-372

32 \$2099.41

# CONNOLLY PRINTING

178 Gill Street, Woburn MA 01801 • 781-932-8085  
ConnollyPrinting.com • 800-406-7206

Fax: (781) 932-8544  
Email: kevinc@connollyprinting.com  
Website: http://www.connollyprinting.com

Invoice	
Date	Invoice #
8/14/2019	27246

## Bill To

Committee to Elect D J Deeb  
50 Conrad Street  
Methuen, MA 01844

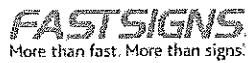
P.O. No.	Terms	Due Date	Rep	Ship Via	Woburn
	due on receipt	8/21/2019	KC		F.O.B

Description	Item Code	Quantity	Price Each	Amount
Product: Corrugated Plastic Signs • 24 in x 18 in - Corrugated Plastic Sign • Double Sided • Corrugated Plastic 4 mil • Ink Color: Nazdar 1800 Series - PMS 185 fire red		100	\$4.75	\$475.00

Thank you for doing business with Connolly Printing.

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

<b>Subtotal:</b>	\$475.00
(6.25%)	\$29.69
<b>Total:</b>	\$504.69
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$504.69



More than fast. More than signs.

160 Plaistow Rd  
Unit #15  
Plaistow, NH 03865  
(603) 894-7446

More than fast. More than signs. ®  
fastsigns.com/2219

**INVOICE**  
**2219-6078**

Payment Terms: Cash Customer

**Created Date:** 7/2/2019

**DESCRIPTION:** Post Cards

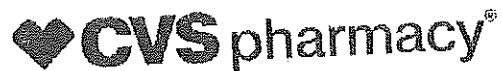
**Bill To:** D.J. Deeb  
50 Conrad Street  
Methuen, MA 01844  
US

**Pickup At:** FASTSIGNS  
160 Plaistow Rd  
Unit #15  
Plaistow, NH 03865  
US

**Ordered By:** D.J. Deeb  
Email: djdeeb@yahoo.com

**Salesperson:** Bob Michaud  
Email: bob.michaud@fastsigns.com

NO.	Product Summary	QTY	UNIT PRICE	TAXABLE	AMOUNT
1	Post Cards	3,000	\$0.1083	\$0.00	\$325.00
1.1	Vended -				
				Subtotal:	\$325.00
				Taxable Amount:	\$0.00
				Taxes:	\$0.00
				Grand Total:	\$325.00
				Amount Paid:	\$0.00
				BALANCE DUE:	\$325.00



512 SOUTH BROADWAY  
SALEM, NH 03079  
603.898.5983

REG#05 TRN#7364 CSHR#0013137 STR#1004

Helped by: REBECCA

ExtraCare Card #: \*\*\*\*\*1903

1 FOREVER STAMPS	EACH	11.00N
1 FOREVER STAMPS	EACH	11.00N
1 FOREVER STAMPS	EACH	11.00N
1 FOREVER STAMPS	EACH	11.00N
1 FOREVER STAMPS	EACH	11.00N

5 ITEMS

Survey ID #  
1948 6939 0097 771 79

TOTAL	55.00
CASH	60.00
CHANGE	5.00



3501 0049 2457 3640 50  
Returns with receipt, subject to  
CVS Return Policy, thru 11/01/2019  
Refund amount is based on price  
after all coupons and discounts.

SEPTEMBER 2, 2019 2:35 PM