



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY

2017 JAN 18 AM 9:37

Fill in Reporting Period dates:

Beginning Date:

1/1/16

Ending Date:

12/31/16

File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

JAMES P JAJUGA

Candidate Full Name (if applicable)

Methuen Councilor At Large

Office Sought and District

146 Forest St Methuen, MA 01844

Residential Address

Telephone Number (optional): 978 807-0079

FRIENDS of Jim JAJUGA

Committee Name

PAULA JAJUGA

Name of Committee Treasurer

146 Forest St. Methuen, MA 01844

Committee Mailing Address

Telephone Number (optional): 978 689-8711

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

7825.89

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

250.00

Line 3: Subtotal (line 1 plus line 2)

8075.89

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

1530.00

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

6545.89

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

0

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

0

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:

Paula M Jajuga

(Treasurer's signature)

Date:

1/17/17

### 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:

James P Jajuga

(Candidate's signature)

Date:

1/12/17

## 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12/30/16	BRIAN Dempsey 15 OXFORD ST HAVERHILL MA 01830	250 <sup>-</sup>	Representative, Comm. of MASSACHUSETTS

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

250<sup>-</sup>

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

0

Line 11: TOTAL RECEIPTS IN THE PERIOD

250<sup>-</sup>

← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/21/16	AMERICAN CANCER Society	96 ANA DeLeon 40 DAVIS Rd Methuen, MA 01844	SPONSORED ANNA DeLeon WALK for CANCER	100 <sup>-</sup>
10/3/16	AMERICAN CANCER Society	96 MARY Kosiorek 20 Bates St Methuen, MA	SPONSORED MARY KOSIOREK WALK for CANCER	100 <sup>-</sup>
10/17/16	CENTRAL Catholic High School	300 Hampstead St Lawrence, MA 01841	WALK/FUNDRAISER	100 <sup>-</sup>
10/12/16	Comm to Elect Linda Dean Campbell	42 SUGAR PINE LANE Methuen, MA 01844	POLITICAL FUNDRAISER	100 <sup>-</sup>
2/20/16	FIRST Congregational Church	26 PLEASANT ST Methuen, MA 01844	Celebration/Birthday Church DINNER DONATION	100 <sup>-</sup>
8/1/16	FIRST Congregational Church	26 PLEASANT ST Methuen, MA 01844	BACK TO SCHOOL/ BACK PACK PROJECT DONATION	150 <sup>-</sup>
8/18/16	HEAVENLY DONUTS	126 MERRIMACK ST Methuen, MA 01844	SENIOR CITIZENS PICNIC Donation	100 <sup>-</sup>
3/23/16	M.A.N. INC. Methuen Arlington Neighborhood	141 TENNEY ST PO BOX 715 Methuen, MA 01844	GOLF TOURNAMENT FUNDRAISER Donation	100 <sup>-</sup>
4/24/16	Methuen CREW	PO BOX 81 N. ANDOVER, MA 01845	TEAM FUNDRAISER SPONSOR	100 <sup>-</sup>
9/30/16	Methuen Exchange CLUB	PO BOX 1008 Methuen, MA 01844	A. HUTTON Memorial GOLF TOURNAMENT SPONSOR	220 <sup>-</sup>
11/16/16	Methuen Exchange CLUB	PO BOX 1008 Methuen, MA 01844	ANNUAL DINNER/ FUNDRAISER	80 <sup>-</sup>
4/19/16	Methuen High School Athletic Association	10 DITSON PLACE Methuen, MA 01844	BANQUET- HALL of FAME INDUCTEES	80 <sup>-</sup>
Line 12: Total Expenditures over \$50 (or listed above)				1330
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				

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

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/3/16	Northeast Regional Theater Workshop	7 HASTINGS Circle Methuen, MA 01844	FUNDRAISER Theater Group	100 <sup>-</sup>
7/14/14	Three SAINTS Feast	20 Common St Lawrence, MA 01840	PROGRAM BOOK POLITICAL Ad.	100 <sup>-</sup>
Line 12: Expenditures over \$50 (or listed above)			200 <sup>-</sup>	
Line 13: Expenditures \$50 and under* (not listed above)			0	
Line 14: TOTAL EXPENDITURES IN THE PERIOD			1530 <sup>-</sup>	

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

## 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.

[illegible]

Line 15: In-Kind Contributions over \$50 (or listed above)

Line 16: In-Kind Contributions \$50 & under (not listed above)

Enter on page 1, line 6 →

**Line 17: TOTAL IN-KIND CONTRIBUTIONS**

\* 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.

## 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.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0