



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/17/2015 Ending Date: 12/31/2015

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	<u>9769.13</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3795.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>13564.13</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>5738.24</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>7825.89</u>
Line 6: Total in-kind contributions this period (page 6)	<u>215.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>LOWELL FIVE</u>

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 Jajuga (Treasurer's signature)

Date: 1/19/16

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: 1/19/16

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)
10/29/15	BADDOUR, STEVEN 20 MAPLE RIDGE RD METHUEN, MA 01844	200 ⁻	LAWYER, MINTZ LEVIN M L STRATEGIES
10/29/15	BUTE, KATHLEEN 295 LOWELL ST. METHUEN, MA 01844	200 ⁻	ADMINISTRATIVE ASSISTANT CITY OF METHUEN
10/29/15	CAMPBELL, DONALD 42 SUGAR PINE LANE METHUEN, MA 01844	100 ⁻	
10/29/15	CAMPBELL, LINDA DEAN 42 SUGAR PINE LANE METHUEN, MA 01844	100 ⁻	
10/29/15	CARACIO, DIANE 173 FOREST ST. METHUEN, MA 01844	120 ⁻	
10/29/15	GIARRUSSO, HELEN 10 BURNHAM RD METHUEN, MA 01844	500 ⁻	Retiree
10/29/15	GRIFFIN, MARY 3 VINCENT AVE METHUEN, MA 01844	80 ⁻	
10/29/15	HANEFANT, WILLIAM 6 WYCK ST METHUEN, MA 01844	100 ⁻	
10/29/15	MAHONEY, KEVIN 3 DEER FIELD ST SALEM, NEW HAMPSHIRE 03079	100 ⁻	
10/29/15	MAXIM, AMY 6 UNIVERSITY LANE METHUEN, MA 01844	100 ⁻	
10/29/15	MINICUCCI, LOUIS III 530 MAIN ST NORTH ANDOVER, MA 01845	100 ⁻	MANAGER, MINCO INC.
10/29/15	PARRINO, RONALD 150 MERRIMACK ST METHUEN, MA 01844	500 ⁻	OWNER, PLEASANT VALLEY GAS
Line 9: Total Receipts over \$50 (or listed above)		2200 ⁻	
Line 10: Total Receipts \$50 and under* (not listed above)		-	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/29/15	POLLARD, SHARON 5 EAST STREET METHUEN, MA 01844	100 ⁻	
10/29/15	SALOMON, Michael 60 Somerset St. Methuen, MA 01844	100 ⁻	
10/29/15	TALBOT, RICHARD 6 STEVENS ST. METHUEN, MA 01844	250 ⁻	FIREFIGHTER, CITY OF METHUEN
10/29/15	TOUNA, Joseph 8 TANKY ST SALEM, New Hampshire 03079	100 ⁻	
10/29/15	WNEK, Michael 4 BRIARCLIFF DRIVE METHUEN, MA 01844	60 ⁻	
Line 9: Total Receipts over \$50 (or listed above)		610 ⁻	
Line 10: Total Receipts \$50 and under* (not listed above)		985 ⁻	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3795 ⁻	← 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
10/31/15	CGS Club Relay For Life	100 Howe St Methuen, MA 01844	CANCER FUNDRAISER	100 ⁻
10/23/15	Connolly Printing	178 Gill St Woburn, MA 01801	PRINTING & POSTAGE for Political Ad Mailing	2375 ⁷⁹
11/19/15	Comm. to Elect JAMIE ATKINSON	7 Cochrane St. Methuen, MA 01844	Campaign Contribution	100 ⁻
11/19/15	Comm. to Elect SEAN FOUNTAIN	534 PROSPECT St. Methuen, MA 01844	Campaign Contribution	100 ⁻
10/21/15	Fischelli's Bakery	55 UNION ST LAWRENCE, MA.	PASTRY FOR PARK GARDEN/BURHAM ROAD FANCTION	98 ⁻
11/3/15	IRISH Cottage RESTAURANT	1111 Riverside Drive Methuen, MA 01844	POST ELECTION VICTORY PARTY	210 ⁻
10/17/15	MARSH School PTO	309 PELHAM St. Methuen, MA 01844	FALL FESTIVAL CONTRIBUTION	100 ⁻
10/12/15	Methuen Life	PO Box 485 Windham, New Hampshire 03087	NEWSPAPER Political ADVERTISEMENT (Oct)	610 ⁻
11/12/15	Methuen Life	PO Box 485 Windham, New Hampshire 03087	NEWSPAPER Political ADVERTISEMENT (Nov)	610 ⁻
12/10/15	Methuen Life	PO Box 485 Windham, New Hampshire 03087	NEWSPAPER Political ADVERTISEMENT (Holiday/THANK YOU)	210 ⁻
10/30/15	Simply ELEGANT CATERING, INC.	PO Box 1802 Haverhill, MA 01831	POLITICAL FUNDRAISER CATERING 10/29 Merrimack Valley Golf Course	1000 ⁻
Line 12: Total Expenditures over \$50 (or listed above)				5513.79
Line 13: Total Expenditures \$50 and under* (not listed above)				224.45
Line 14: TOTAL EXPENDITURES IN THE PERIOD				5738.24

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.

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/28/15	George SARGAS OWNER Heavenly Donuts	7 Shadow Lane ANDOVER, MA <small>01816</small>	Coffee + PASTRY FOR Meeting AT SENIOR CITIZEN CENTER	215 ⁻
			Line 15: In-Kind Contributions over \$50 (or listed above)	215 ⁻
			Line 16: In-Kind Contributions \$50 & under (not listed above)	--
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	215 ⁻

* 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 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0