



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

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning 10 - 28 - 15 Month Year Ending 1 - 20 - 16 Month Year

Type of report: (Check one)

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

Sean Fountain

Full Name of Candidate (if applicable)

CITY COUNCILOR AT-LARGE

Office Sought and District

534 PROSPECT ST. METHUEN, MA

Residential Address

998-804-1748

Tel. No. (optional)

CTE Sean Fountain

Committee Name

Joyce Fountain

Name of Committee Treasurer

534 PROSPECT ST. METHUEN, MA

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>3187.81</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>2413.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>5600.81</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>5400.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>200.81</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>380.00</u>
Line 8: Name of bank(s) used <u>Andover Federal</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:

Joyce Fountain

1/18/16

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Sean Fountain

1/18/16

Date

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.

This page may be copied 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)
10/28	Mark DiSalvo 179 Coventry Rd. Andover, MA	100	00	Consultant / Self
10/28	Sarah Torrisi 67 Setters Ridge Andover, MA	400	00	Self-Employed
10/28	Frank Cooley 145 Marston St. Lawrence, MA	500	00	Business owner / Cooley Garage
10/28	William Danefant 6 W. Ayer St. Methuen, MA	150	88	Self-Employed
10/28	O'Connor Fire Committee Newburyport, MA 11950	100	00	State/ Committee
10/28	Scott Swiniarski 48 Putnam North Andover, MA	50	00	Town of North Andover Fire
10/28	Diane Larochelle Seabrook, NH	200	00	Consultant / Self-Employed
10/28	James Gunter Methuen, MA	60	00	City of Methuen
10/28	Thomas McMenamin Methuen, MA	100	01	City of Methuen
10/31	Loan By Sean Fountain	713	11	Town of North Andover / Fire
Line 9: Total receipts in excess of \$50 (or listed above)		2413	00	
Line 10: Total receipts \$50 and under* (not listed above)		0		
Line 11: TOTAL RECEIPTS IN THE PERIOD		2413	00	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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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
11/2	Valley Patriot	No. Andover, MA	Advertising ?	300.00
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7

Line 18: OUTSTANDING LIABILITIES (ALL)

300.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.