



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
MAY 26, 2015
PRESIDENTIAL ELECTION
COMMISSION

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/1/15

Ending Date:

10/26/15

Type of Report: (Check one)

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

Thomas G. Ciulla

Candidate Full Name (if applicable)

Methuen -East District Councilor

Office Sought and District

375 Merrimack Street, Unit 16, Methuen, MA 01844

Residential Address

Telephone Number (optional):

Committee to Elect Tom G. Ciulla

Committee Name

Angela Ciulla

Name of Committee Treasurer

375 Merrimack Street, Unit 16, Methuen, MA 01844

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

(63.02)

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

9,700.00

Line 3: Subtotal (line 1 plus line 2)

9,636.98

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

8,439.49

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

1,197.49

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:

JEANNE PACIFIC CREDIT UNION

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:

Thomas G. Ciulla

(Treasurer's signature)

Date: 10/26/15

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:

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)
5/2/15	CHARLES F PERRAULT 24 ARROWOOD ST METHUEN MA 01844	50.00	
5/2/15	METHUEN FIREFIGHTERS LOCAL 1691 IAFF 01844 24 LOWELL ST, METHUEN MA	500.00	METHUEN FIREFIGHTERS LOCAL 1691
7/21/15	TERRANCE W. KENNEDY 512 BROADWAY EVERETT MA 02149	500.00	ATTORNEY
7/21/15	SCOTT GEDIMAN 5 LAVALLEY AVE NEWBURY PORT MA 01850	500.00	ATTORNEY
7/28/15	LIUNA - LOCAL 175 55 UNION ST METHUEN MA 01844	500.00	LIUNA - LOCAL 175
6/25/15	METHUEN POLICE PATRULMANS UNION 90 HAMPSHIRE ST METHUEN MA 01844	300.00	METHUEN PATRULMANS UNION
7/29/15	METHUEN POLICE SUPPORTERS ASSOC METHUEN POBox 789 MA 01844	300.00	METHUEN POLICE SUPPORTERS ASSOC
8/28/15	CHARLES F. GILLISPIE 17 RUSSELL FARM RD METHUEN MA 01844	100.00	
8/28/15	THOMAS CIULLA 103A LAWRENCE RD SALEM NH 03074	50.00	
8/28/15	RALPH V. SACRAMONE 13 WILPIECD CT EVERETT MA 02149	50.00	
8/30/15	ALAN C. HOPE 370 GREAT POND RD NORTH ANDOVER, MA 01845	100.00	
8/31/15	JAMES V DAMICO III 50 RANGER RD WINDHAM NH 03087	100.00	

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

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)
9/6/15	PRISCILLA P. SHAFER 2 DRYD HILL AVE METHUEN MA 01844	50.00	
9/13/15	JAMES B ZENEVITCH JANICE R ZENEVITCH 5 MORGAN DR MFTHEUEN MA	50.00	
9/11/15	JEFFREY ZANNI SARAH ZANNI MFTHEUEN 4 HAWKES BROOK LN M01844	50.00	
9/6/15	CHERYL A MCGORMIC, ESG 9 KASSIOTIS LN MIDDLETON MA 01949	50.00	
9/9/15	MARY LOUISE FUSCO ANTHONY J FUSCO 01844 3 MYONA ST MFTHEUEN MA	50.00	
9/8/15	DARREN BLAISDELL LIAM BLAISDELL 01940 15 JACOB ST PEABODY MA	50.00	
9/3/15	CHRISTOPHER J MAROUN 5 BUTTERWOOD DR MFTHEUEN MA 01844	50.00	
9/3/15	DANIEL LAVONE PASSACANTU SUSAN R PASSACANTU 67 B COMMERCIAL ST M01844	50.00	
9/22/15	SHARON M. POLIARD 5 EAST ST MFTHEUEN MA 01844	100.00	
9/22/15	OFECIA CHAVEZ CARLOS CHAVEZ SR 01844 41 BOOTH RD MFTHEUEN MA	50.00	
9/22/15	BARBARA A TRACCHIA 18 BOURBON ST #24 PEABODY MA 01960	50.00	
9/22/15	CARMEN E. ABBESA EMELIA ABBESA 01844 39 WORCESTER ST MFTHEUEN MA	50.00	
9/21/15	RAMSDEN PAINTING 9 SUMMER ST MFTHEUEN MA 01844	50.00	
Line 9: Total Receipts over \$50 (or listed above)			
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

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)
9/22/15	WILLIAM M MANZI, ELIZABETH C MANZI 01844 66 WOODBURN DR MELTHUEN MA	50.00	
9/22/15	JENNIFER KANNAM 108 GRANAVIEW RD MELTHUEN MA 01844	50.00	
9/22/15	DIANA FAY D'IZOGLI 672 WASHINGTON ST WELLESLEY, MA 02482	50.00	
9/22/15	USA J YARID PERRY 534 PROSPECT ST MELTHUEN MA 01844	50.00	
9/22/15	JOHN C. O'BRENSKI, JENNIFER O'BRENSKI 55 HAWLEY RD MELTHUEN 01844	50.00	
9/22/15	RANDY R. HAGGAR 68 OLD YANKEE RD HAVERHILL, MA 01833	100.00	
9/10/15	KEVIN MATTONEY MARGERY MATTONEY 03071 3 DEERFIELD ST SALEM NH	100.00	
9/23/15	WILLIAM HANNEFANT THERESA HANNEFANT 01844 6 WAYFERT MELTHUEN MA	100.00	
9/22/15	GREGORY J GALANT SR 157 LOWELL RD SALEM, NH 03079	100.00	
9/22/15	VIRGINIA CARMEL DAILEY PATRICK DAILEY 03149 5 MAPLEWOOD DR MELTHUEN MA	700.00	
9/22/15	STEVE J SABA CATHERINE B. SABA 15 CITRUS LANE MELTHUEN MA 01844	100.00	
9/22/15	COMMITTEE TO ELECT STEVE ZAMMI 70 SERVIAN DR MELTHUEN MA 01844	400.00	
Line 9: Total Receipts over \$50 (or listed above)			
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)
9/22/15	THOMAS F. MC MENAMIN 3 PORTER AVENUE, MELVILLE, NY 11747	100.00	
9/22/15	ADAM C. FIOCCA 3 MARIE ST METHUEN, MA 01844	100.00	
9/10/15	FRANCIS KORN 90 HAMPTON ST METHUEN, MA 01844	100.00	
9/22/15	ZANNI AND PESCI (A OFFICE 225 MERRIMACK ST METHUEN, MA 01844	100.00	
9/22/15	THOMAS R. LASSIER 5 EAST ST METHUEN, MA 01844	100.00	
9/22/15	EMILE A. MAROUN P.O. BOX 471 METHUEN, MA 01844	200.00	GEORGES BAKER BAKER
9/22/15	GEORGE E. MAROUN 10 THAYER ST METHUEN, MA 01844	200.00	GEORGES BAKER BAKER
9/9/15	CARPENTERS UNION LOCAL NO. 111 PAC UNIT 215 01844 13 BRANCH ST, MELVILLE, NY	250.00	CARPENTERS LOCAL 111
9/25/15	FREDERICK A. BALBONI JR 16 CC AVE KRD WEST PEABODY, MA 01960	50.00	
9/11/15	CRAIG R. MISCH, ESQ 100 EVERETT AVE UNIT 3 CHELSEA, MA 02150	50.00	
9/12/15	KATHLEEN T. WOMEY THOMAS L. TWO MEET 14 DUTTON CIR, MELVILLE, NY 11747	50.00	
9/22/15	JOSEPHINE L. W. RONALD W. PARINO, MA 12 EUSTACE AVE, MELVILLE, NY 11747	200.00	OWNER OF VALLEY TOWNSHIP
9/22/15	CYNTHIA WOLSKE ROBERT E. WOLSKE 01844 94 ASHLAND AVE, MELVILLE, NY	75.00	

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

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)
9/22/15	ROBERT P. GACCO NATANIE GACCO 01864 177 NORTH ST. NEEDHAM MA	75.00	
9/29/15	BRYAN E CHASE 2 STRAWBERRY LANE METHUEN MA 01844	100.00	
9/30/15	STEVEN A. BADDOUR ANN BADDOUR METHUEN 30 MAPLE RIDGE RD MA 01844	100.00	
9/30/15	NICOLAS PELLEGRINO SR CHARISTE PELLEGRINO MA 36 WINTHROP ST WESTBOYLSTON 01383	100.00	
9/25/15	SEAN FOUNTAIN 934 PROSPECT ST METHUEN MA 01844	50.00	
10/16/15	ANTHONY RUSSI 75 WILLIAMS ST COPSEY SEASIDE MA 02150	100.00	
10/14/15	HENRY TORROME JANICE L TORROME P.O. Box 2308 METHUEN MA 01844	250.00	OWNER OF TORROME INDUSTRIES
10/10/15	ROLAND D HUGHES 54 LINDENWOOD RD STONEHAM MA 02180	100.00	
10/23/15	SEIU LOCAL 888 52 ROLAND ST SUITE 101 CHARLESTOWN MA 02129	500.00	SEIU LOCAL 888 UNION
10/21/15	ROBERT A LAROCHELLE DIANA LAROCHELLE 03804 1800 OCEAN BLVD SEABROOK NH	50.00	
9/25/15	METHUEN POLICE SUP OFFICERS ASSOC MA P.O. Box 789 METHUEN 01844	200.00	METHUEN POLICE SUP
10/15/15	KEVIN BARRY 17 HOUSTON AVE METHUEN MA 01844	250.00	FIREFIGHTER CITY OF METHUEN

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

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)
10/17/15	A. RICARDO BONNANO	250.00	OWNER OF
	295 MEADOW ST		
	METHUEN, MA 01844		
	JERRY ROBITAILLE	50.00	
	10 PLATT ST		
	LAWRENCE, MA 01841		
	SCOTT MONTMIREY	100.00	
	17 NATURE'S WAY		
	PECHAM, NH 03070		
	JEREMY TISSOT	50.00	
	9595 WILSHIRE BLVD APT FL		
	BEVERLY HILLS, CA 90212		
	ERIC WEINSTEIN	100.00	
	1253 WORCESTER RD		
	FRAMINGHAM, MA 01701		
	TITO MASCIA #1a	250.00	CUSTODIAN
	375 MEADOW ST #16		CITY OF
	METHUEN, MA 01844		EVERETT
	</td		

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

8,950.00

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

750.00

Line 11: TOTAL RECEIPTS IN THE PERIOD

9,700.00

← 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.

(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
8/3/15	FEAR GAL O'TOOLE DATA FOR DONKEYS	97 R FRANKLIN ST SOMERVILLE MA 02145	ONLINE SERVICES	1,250.00
8/17/15	VOGEL PRINTING	300 CANAL ST LAWRENCE MA 01840	INVITATIONS	309.18
8/17/15	TOM Crulla	375 MERRIMACK ST #116 MELVIN HILL MA 01844	STAMPS	140.00
8/26/15	FEAR GAL O'TOOLE DATA For DONKEYS	97 R FRANKLIN ST SOMERVILLE MA 02145	ONLINE SERVICES	500.00
9/8/15	MASSACHUSETTS DEMOCRATIC PARTY	77 SUMMER ST BOSTON MA 02110	DATABASE	500.00
10/3/15	JUST YARD SIGNS .COM	4880 A6 DISTRIBUTION ORLANDO FL 32882	SIGNS	296.25
10/7/15	FEAR GAL O'TOOLE DATA For DONKEYS	97 R FRANKLIN ST SOMERVILLE MA 02145	ONLINE SERVICES	500.00
10/16/15	CONNOLYPRINTING	17 FILL ST WOBURN MA 01801	MAILING	3,592.90
10/17/15	ROMANOS PIZZA	301 MERRIMACK ST #C MELVIN HILL MA 01844	FUNDRAISER	661.86
10/17/15	VALLEY PATRIOT INC	75 MAIN ST MA NORTH ANDOVER 01845	AD	175.00
10/17/15	DEMOCRACY ENGINE	2125 14TH ST NW WASHINGTON DC 20009	CREDIT CARD PROCESSING FEE	14.30
Line 12: Total Expenditures over \$50 (or listed above)				8,439.49
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				8,439.49

* 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
Line 15: In-Kind Contributions over \$50 (or listed above)				<input type="text"/>
Line 16: In-Kind Contributions \$50 & under (not listed above)				<input type="text"/>
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				<input type="text"/>

* 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.

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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