



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
THE MUNICIPALITY

2015 OCT 26 PM 2:33

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

01/01/2015

Ending Date:

10/25/2015

Type of Report: (Check one)

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

Bryan Sweet

Candidate Full Name (if applicable)

Methuen School Committee

Office Sought and District

206 Pelham Street, Methuen MA 01844

Residential Address

Telephone Number (optional):

(978) 857-1680

Committee to Elect Bryan Sweet

Committee Name

Michael S. Alarcon

Name of Committee Treasurer

206 Pelham Street, Methuen MA 01844

Committee Mailing Address

Telephone Number (optional): (978) 857-1680

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

536.96

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

1,635

Line 3: Subtotal (line 1 plus line 2)

2,171.96

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

2,134.6

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

37.36

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: Methuen Co-Operative Bank

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: 10/26/2015

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: 10/26/15

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)
9/26	Richard Beshara 9 Marshall Street Methuen, MA 01844	100	
9/30	Kaylie Sweet 206 Pelham Street Methuen, MA 01844	180	
10/5	OConnor Ives Committee POBox 121 Newburyport MA 01950	100	
10/6	Linda Dean Campbell 42 Sugar Pine Lane Methuen, MA 01844	100	
10/06	Richard Beshara 9 Marshall Street Methuen, MA 01844	100	
10/6	George Hansen 31 Boyd Road Londonderry, NH 03053	100	
10/6	Joshua Ferry 534 Prospect Methuen, MA 01844	100	
10/6	Bethann Donahue 4 First Ave Methuen, MA 01844	100	
10/6	William Manzi 66 Woodburn Drive Methuen, MA 01844	50	
10/6	Sean Fountain 534 Prospect Methuen, MA 01844	50	
10/6	Deborah Deschene 11 Allen Street Chelmsford, MA 01824	75	
10/6	Ron Marsan 10 Hawkes Brook Lane Methuen, MA 01844	50	
Line 9: Total Receipts over \$50 (or listed above)		1,055	
Line 10: Total Receipts \$50 and under* (not listed above)		580	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,635	← 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)

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 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
	Rainbow Printing	2130 Mendon Rd # 3, Cumberland, RI 02864	Campaign T-Shirts	197.5
10/20	Visual Solutions	142 Middle Street Lowell MA	F2F Cards	69
10/08	Valley Patriot	POBox 453 North Andover, MA	Ads	440
10/5	MethuenLife		Ads	290
10/6	Sweetheart Inn	Myrtle Street Methuen, MA	Fundraiser	600
10/16	Target	Methuen, MA	Fall Festival Basket	217.79
10/16	Bada Bing	32 Hampshire Road Methuen, MA	Campaign Planning Dinner	320.31
	Line 12: Total Expenditures over \$50 (or listed above)			2,134.6
	Line 13: Total Expenditures \$50 and under* (not listed above)			0
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			2,134.6

* 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)

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**

* 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)				
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.

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)