

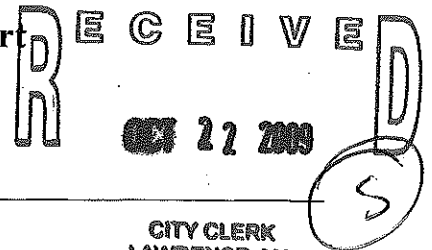


Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance



File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

CITY CLERK  
LAWRENCE, MA

**Fill in dates:**

Reporting Period Beginning 9 / 14 / 09 Ending 10 / 22 / 09

**Type of report: (Check one)**

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

Marie Gosselin  
Full Name of Candidate (if applicable)

COUNCILOR AT LARGE  
Office Sought and District

4 E GILBERT ST  
Residential Address

LAWRENCE MASS 01843  
Residential Address

978 390 4792 Tel. No. (optional)

Committee to Elect Marie Gosselin  
Committee Name

EDWARD L. O'CALLAGHAN  
Name of Committee Treasurer

4 E GILBERT ST LAWRENCE MA  
Committee Mailing Address

978 390 4792 Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>951.31</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>2005.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2956.31</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1489.53</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1466.78</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>          </u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>          </u>
Line 8: Name of bank(s) used	<u>TD BANK NORTH</u> <u>5 Broadway Lowell Mass</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.

Edward L. O'Callaghan  
Treasurer's signature (in ink) Signed under the penalties of perjury:

10-22-09  
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.

Marie Gosselin  
Candidate signature (in ink) Signed under the penalties of perjury:

10-22-09  
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)
9/21	Sheela & Peter Burbank 47 Fairwood D Andover Mass	100 -	
9/21	Mario Bellemore 12 Concord Beach Rd Salem, Mass	250 -	owns Limery Cars 69 Montgomery Farm Rd Beverly, Mass
9/21	Chauhi Parichemba	50 -	
9/21	Cesar Chero 22 Maurice Ave Lawrence	250 -	Mello's Variety Owner Park St Lawrence Mass
9/21	Alan Stape 379 West Pond Rd Andover	50 -	
9/21	Kenneth Koyser 15 Vincent Rd Burlington	100 -	
9/21	Laurence Johnson 99 Millpond Rd Andover	50 -	
9/21	Chen Ho 125 Malomino Rd Andover	50 -	
9/21	Dario Lepa 199 Salem St Lawrence Mass	250 -	Market Apnon 199 Salem St Lawrence Mass
9/21	Kevin Longo 123 Chestnut St Lawrence	50 -	
9/21	Alberto Nancy 8 Allenden Circle Methuen	100 -	
9/21	Lesca Vasson 94 Nutmeg Lane Andover	100 -	
9/21	Janet Mills 57 So Canal St Lawrence Mass	100 -	
9/21	John Baroud 501 So Broadway Lawrence Mass	150 -	
9/21	Joe Ryann 10 Osgood St Lawrence Mass	100 -	
9/21	Gloria Rasmithal 53 Springfield Ave Lawrence	100 -	
9/21	Rosario Zappala 1000 Salem St Lawrence	100 -	
Line 9: Total receipts in excess of \$50 (or listed above)		1950 -	
Line 10: Total receipts \$50 and under* (not listed above)		55 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2005 -	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 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
Enter on page 1, line 6			Line 15: In-kind over \$50	
Enter on page 1, line 6			Line 16: In-kind \$50 and under	
Enter on page 1, line 6			Line 17: Total In-kind	

\* 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: OUTSTANDING LIABILITIES (ALL)</b>	