



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

STONEHAM
TOWN CLERK
REGISTRARS

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 2017 MAR 24 A 8:30 Beginning Date: January 23, 2017 Ending Date: March 21, 2017

Type of Report: (Check one)

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

Shelly MacNeill
Candidate Full Name (if applicable)

Board of Selectman
Office Sought and District

1159 Franklin Street, Stoneham, MA 02180
Residential Address

E-mail: sm4selectman@gmail.com

Phone # (optional): _____

Committee to Elect Shelly MacNeill
Committee Name

Rebecca R. Pouliot
Name of Committee Treasurer

1166 Franklin Street, Stoneham MA 02180
Committee Mailing Address

E-mail: rrp21@yahoo.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	5,465.00
Line 3: Subtotal (line 1 plus line 2)	5,465.00
Line 4: Total expenditures this period (page 5, line 14)	2,146.03
Line 5: Ending Balance (line 3 minus line 4)	3,318.97
Line 6: Total in-kind contributions this period (page 6)	150.00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Bank of America

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: Rebecca R. Pouliot (Treasurer's signature) Date: 3/22/2017

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: Shelly MacNeill (Candidate's signature) Date: 3/22/2017

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)
2/2/2017	Bragalone, Joseph, 38 Fieldstone Dr, Stoneham	100.00	
2/2/2017	Buckley, Joseph, 6 Carmen Ave, Stoneham	100.00	
2/2/2017	Committee to Elect Michael Moore, 27 Grafton Street, Millbury	100.00	
2/2/2017	Committee to Elect Raymie Parker 42 Bonad Road, Stoneham	100.00	
2/2/2017	Day, Megan, 49 Perkins Street, Stoneham	100.00	
2/15/2017	Del Sobral, Julia, 18 Bartkus Farm, Concord	100.00	
2/2/2017	Houghton, Charles F. 271 Main Street Stoneham	250.00	Attorney, Self Employed
2/2/2017	Jacques, Harold, 89 Collincote Street, Stoneham	100.00	
1/27/2017	Jordan, Lisa, 8 Martin Louis Way, Stoneham	100.00	
2/2/2017	Kelley, Lisa, 9 Countryside Rd, North Grafton	100.00	
2/8/2017	Kilty, Rachel, 6 Rowe Street, Stoneham	100.00	
2/1/2017	Mangerian, Richard and Eleanor, 4 Cricklewood Drive, Stoneham	100.00	
Line 9: Total Receipts over \$50 (or listed above)		3,725.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1,740.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5,465.00	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/2/2017	Martin, Joseph, 3 Old Colony Road, Auburn	100.00	
2/19/2017	McBride, Ellen, Rear 30 Butler Ave, Stoneham	100.00	
2/2/2017	Melkonian, John, 26 Estate Lane, Reading	250.00	General Manager, Stoneham Ford
2/14/2017	Molloy, Mark, 10 Myrtle Street, Winchester	100.00	
2/2/2017	O'Loughlin, Carol, 12 Mount Vernon Street, Stoneham	100.00	
2/2/2017	Oneschuk, Christin, 122 Kendrick Road, Wakefield	100.00	
2/2/2017	Paoness, Leslie, 36 Fieldstone Drive, Stoneham	100.00	
2/2/2017	Plourde, Kimberly, 11 George Street, Stoneham	100.00	
2/2/2017	Rolli, Joseph, 28 Stevens Street, Stoneham	100.00	
2/2/2017	Rolli, Michael, 20 Crystal Dr. Stoneham	100.00	
2/2/2017	Ryder, Sheila, 72 Park Avenue, Stoneham, MA	100.00	
2/2/2017	Saltzman, Maureen, 6 West Street, Stoneham, MA	100.00	
2/2/2017	Silvaggi, Maria, 26 Atwood Ave, Stoneham, MA	400.00	Office Manager, Boston Dynamics
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)
2/2/2017	Smith, Wendy, 132 Park Street, Stoneham	125.00	
2/2/2017	Surabain, Barbara, 4 Fieldstone Dr, Stoneham	100.00	
2/2/2017	Sweeney, Robert, 6 Pleasant Street, Stoneham	100.00	
1/27/2017	Warren, Mark and Rachel, 18 Maple Street Stoneham	100.00	
2/2/2017	Warren, Wendy, 25 Dean Street Stoneham	100.00	
2/2/2017	Whooley, Mary Ellen, 34 Perkins Street, Stoneham	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 B: EXPENDITURES

CTE Shelly MacNeill

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
2/23/2017	Shelly MacNeill	1159 Franklin Street, Stoneham	Reimbursement of Expenditures (See Form R1)	1,701.99
3/17/2017	United States Postal Service	345 Main Street, Stoneham	Postage	340.00
Line 12: Total Expenditures over \$50 (or listed above)				2,041.99
Line 13: Total Expenditures \$50 and under* (not listed above)				104.04
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,146.03

Enter on page 1, line 4 →

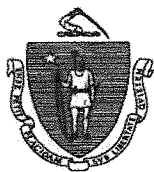
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS CTE Shelly MacNeil

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
2/2/2017	Angelo Caruso	20 Alden Avenue, Stoneham, MA	Food for Campaign Kickoff	150.00
Line 15: In-Kind Contributions over \$50 (or listed above)				150.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				150.00

* 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. Page 6



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 100%;" type="text" value="2/23/2017"/>
Name of Individual Being Reimbursed:	<input style="width: 100%;" type="text" value="Shelly MacNeill"/>
Committee Name:	<input style="width: 100%;" type="text" value="Committee to Elect Shelly MacNeill"/>
CPF ID Number (if applicable):	<input style="width: 200px;" type="text"/>
	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/19/2017	Boyd's Direct	100B Maple Street, Stoneham, MA	Kickoff Invites	292.75
1/27/2017	Boyd's Direct	100B Maple Street, Stoneham, MA	Dear Friend Cards	159.82
1/31/2017	Boyd's Direct	100B Maple Street, Stoneham, MA	Lawn Signs	717.19
2/2/2017	Elks	471 Main Street, Stoneham, MA	Kickoff Event	250.00
2/17/2017	Boyd's Direct	100B Maple Street, Stoneham, MA	Dear Friends Cards	132.82
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 100%;" type="text" value="1,552.58"/>
			Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 100%;" type="text" value="149.41"/>
			Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 100%;" type="text" value="1,701.99"/>

Signed under the penalties of perjury:

Rebecca P. Frost / Shelly A. MacNeill
Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.