



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 16, 2016 Ending Date: Apr 22, 2016

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Anne Marie Stronach  
Candidate Full Name (if applicable)

Selectman  
Office Sought and District

14 Pillsbury Ave Tewksbury MA 01876  
Residential Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

Committee to Elect Anne Marie Stronach  
Committee Name

Lou-Ann C. Clement  
Name of Committee Treasurer

45 Seneca Road Tewksbury MA 01876  
Committee Mailing Address

E-mail: lou171@aol

Phone # (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2,245
Line 3: Subtotal (line 1 plus line 2)	2,245
Line 4: Total expenditures this period (page 5, line 14)	2,145
Line 5: Ending Balance (line 3 minus line 4)	100
Line 6: Total in-kind contributions this period (page 6)	300
Line 7: Total (all) outstanding liabilities (page 7)	491.42
Line 8: Name of bank(s) used:	<u>Tewksbury Federal Credit Union</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: AC (Treasurer's signature) Date: 4/27/16

**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: [Signature] (Candidate's signature) Date: 4-27-16

## 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)
Mar 16, 2016	James P Blewener 1235 Main Street Tewksbury MA 01876	100	
Mar 16, 2016	Warren Carey 50 Langley Lane Tewksbury Ma 01876	100	
Mar 16, 2016	Thomas Cooke 64 Arlington Street Tewksbury Ma 01876	100	
Mar 16, 2016	J.A. Cummings 12 Canterbury Dr Tewksbury Ma 01876	150	
Mar 16, 2016	Joseph Gill 12 Ellington Rd Tewksbury Ma 01876	100	
Mar 15, 2016	Marc Ginsburg 77 New York Road Tewksbury Ma 01876	300	Developer/golf course owner
Mar 16, 2016	John J Kelley Jr 22 Karen Lee Lane Tewksbury Ma 01876	100	
Mar 16, 2016	Michael P Kelley 412 River Road Tewksbury Ma 01876	150	
Mar 16, 2016	Mark S Kratman 8 Sunset Rd Tewksbury Ma 01876	100	
Mar 16, 2016	Lisa Kuegler 203 Kendall Rd Tewksbury Ma 01876	100	
Mar 22, 2016	Joseph Mazzola 39 Brown Street Tewksbury MA 01876	100	
Mar 16, 2016	Eric D Salach 11 Norris Street Lawrence MA 01841	100	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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)
Mar 16, 2016	Tewksbury Firefighters Local 1647 21 Town Hall Ave Tewksbury Ma 01876	100	
Mar 16, 2016	Joseph Vitale 51 Lancaster DR Tewksbury Ma 01876	100	
Line 9: Total Receipts over \$50 (or listed above)	1,700		
Line 10: Total Receipts \$50 and under* (not listed above)	545		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	2,245	← 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
Apr 14, 2016	Anne Marie Stronach	14 Pillsbury Ave Tewksbury MA 01876	Partial Loan payment and reimbursement	1,241.4
Apr 7, 2016	Town Crier	Dailey Times 1 Arrow Drive Woburn MA 01801	Ads	600.6
Mar 25, 2016	US Post Office	1751 Main Street Tewksbury MA 01876	Stamps	168
Mar 28, 2016	US Post Office	1751 Main Street Tewksbury MA 01876	Stamps	35
Apr 1, 2016	your Tewksbury today	Third Strand Media 25 Charles Street Fl 1 Fitchburg, MA 01420	Online ad	100
Line 12: Total Expenditures over \$50 (or listed above)				2,145
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2,145</b>

\* 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 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
Mar 19, 2016	Anne Marie Stronach Candidate	14 Pillsbury Ave Tewksbury MA 01876	Balance from Loan in previous report peroid	491.42
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	491.42



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

16 MAY - 2 AM 8:2  
BOARD OF REGISTERAR  
TEWKSBURY MA

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/19/16	Cafe Sicilia	1300 Main Street Tewksbury MA 01876	Meet and Greet	34.50
4/2/16	Donna's Donuts	2106 Main Street Tewksbury MA 01876	Food for pole workers volunteers holding signs outside polls	27.08
4/2/16	Donn's Donuts	2106 Main Street Tewksbury MA 01876	food for pole workers Volunteers holding signs outside polls	12.00
4/2/16	Dunkin Donuts	1973 Main Street Tewksbury MA 01876	drinks for pole workers volunteers holding sign outside polls	31.98
4/2/16	Market Basket	1900 Main Street Tewksbury MA 01876	food for pole workers volunteers holding signs outside polls	7.92

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="113.48"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<input type="text" value="894.39"/>

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date:

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

