



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2015 MAY 26 AM 11:38

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/15/15 Ending Date: 3/23/15

Type of Report: (Check one)

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

Stan Novak  
Candidate Full Name (if applicable)

Board of Selectmen North Andover  
Office Sought and District

26 Pembroke Rd.  
Residential Address

Telephone Number (optional): \_\_\_\_\_

Friends of Stan Novak  
Committee Name

Jason Plotner  
Name of Committee Treasurer

26 Pembroke Rd.  
Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1297</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1297</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>913<sup>56</sup></u>
Line 5: Ending Balance (line 3 minus line 4)	<u>383<sup>44</sup></u>
Line 6: Total in-kind contributions this period (page 6)	_____
Line 7: Total (all) outstanding liabilities (page 7)	_____
Line 8: Name of bank(s) used:	<u>Pentucket Bank</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: \_\_\_\_\_ (Treasurer's signature) Date: 5-25-15

#### 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)
2/26/15	Belsito, Lawrence 80 Osgood St.	200 <sup>00</sup>	Legislative Director Massachusetts Fiscal Alliance
2/27/15	Gangi, Charles 148 Main St.	500 <sup>00</sup>	Sales Fresh Valley Foods
2/27/15	Gangi, Paul 78 Spring Hill	150 <sup>00</sup>	
2/26/15	Quintan, Michael 40 Cedar Ln	100 <sup>00</sup>	
2/27/15	Trip, Edwin 262 Boston St	50 <sup>00</sup>	
2/26/15	Wakeman, Wendy 140 Academy Rd	100 <sup>00</sup>	

Line 9: Total Receipts over \$50 (or listed above) 1100

Line 10: Total Receipts \$50 and under\* (not listed above) 197

**Line 11: TOTAL RECEIPTS IN THE PERIOD** **1297**

← 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.

