



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE
METHUEN, MA

2020 JAN -9 AM 10:34

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct. 19, 2019 Ending Date: December 31, 2019

Type of Report: (Check one)

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

Dennis D. J. Deeb
Candidate Full Name (if applicable)

Methuen Central District City Council
Office Sought and District

50 Conrad Street; Methuen, MA 01844
Residential Address

Telephone Number (optional): _____

Committee To Elect Dennis D. J. Deeb
Committee Name

Louis C. DeVito
Name of Committee Treasurer

50 Conrad Street; Methuen, MA 01844
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>\$ 1,897.27</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 1,897.27</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 1,596.59</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 300.68</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 2,099.41</u>
Line 8: Name of bank(s) used:	<u>Lowell Five</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: [Signature] (Treasurer's signature) Date: 01-08-2020

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: 1-8-2020

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)

Line 9: Total Receipts over \$50 (or listed above) \$ 0

Line 10: Total Receipts \$50 and under* (not listed above) \$ 0

Line 11: TOTAL RECEIPTS IN THE PERIOD \$ 0

← 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
10-28-19	Connolly Printing	17 Gill Street Woburn, MA	Postcard Mailing	\$1,311.59
11-8-19	Methuen Life	P.O. Box 485 Windham, MA 03087	Newspaper Ad	\$ 285. ⁰⁰

Line 12: Total Expenditures over \$50 (or listed above)	\$1,596.59
Line 13: Total Expenditures \$50 and under* (not listed above)	\$0
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$1,596.59

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

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)	\$ 0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	\$ 0
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	\$ 0

Enter on page 1, line 6 →

* 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
Aug. 25, 2011	Dennis D. J. Deeb	50 Concord Street Methuen, MA 01844	Loan For Campaign banking For Double Impressions	\$ 310.00
Aug. 26, 2011	Dennis D. J. Deeb	50 Concord Street Methuen, MA 01844	Loan For Campaign Sprint-up For TD Bank check Account	\$ 120.00
Aug. 27, 2011	Dennis D. J. Deeb	50 Concord Street Methuen, MA 01844	Loan For "Dear Friend" Cards For Double Impressions	\$ 175.00
Oct. 15, 2011	Dennis D. J. Deeb	50 Concord Street Methuen, MA 01844	Loan For Campaign Mailing - Committee Loan	\$ 989.82
Aug. 14, 2011	Dennis D. J. Deeb	50 Concord Street Methuen, MA 01844	Loan For Campaign Signs	\$ 504.69
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$ 1,500.00 \$ 2,099.41

CONNOLLY PRINTING

178 Gill Street, Woburn MA 01801 • 781-932-8885
ConnollyPrinting.com • 800-406-7206

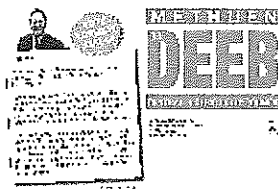
Fax: (781) 932-8544
 Email: kevinc@connollyprinting.com
 Website: http://www.connollyprinting.com

Invoice	
Date	Invoice #
10/27/2019	27920

Bill To

Committee to Elect D J Deeb
 50 Conrad Street
 Methuen, MA 01844

P.O. No.	Terms	Due Date	Rep	Ship Via	Woburn
	due on receipt	10/28/2019	KC		F.O.B

Description	Item Code	Quantity	Price Each	Amount
Product: Mailed Post Cards • 9 in x 6 in Postcards, addressed, postal prep & mailed, w/union bug • 100# Coated Cardstock • Sides: Double Sided Color Prints 	PCM1003	811	\$0.55	\$446.05
Product: Postage • PRSRTD STD LETTER		811	\$0.23	\$185.07

Thank you for doing business with Connolly Printing.

Subtotal:	\$631.12
(6.25%)	\$27.88
Total:	\$659.00
Payments/Credits	\$0.00
Balance Due	\$659.00

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

CONNOLLY PRINTING

170 Gill Street, Woburn MA 01801 - 781-932-8885
ConnollyPrinting.com • 800-406-7206


Fax: (781) 932-8544
 Email: kevinc@connollyprinting.com
 Website: http://www.connollyprinting.com

Invoice	
Date	Invoice #
10/25/2019	27874

Bill To

Committee to Elect D J Deeb
 50 Conrad Street
 Methuen, MA 01844

P.O. No.	Terms	Due Date	Rep	Ship Via	Woburn
	due on receipt	10/28/2019	KC		F.O.B

Description	Item Code	Quantity	Price Each	Amount
Product: Mailed Post Cards • 9 in x 6 in Postcards, addressed, postal prep & mailed, w/union bug • 100# Coated Cardstock • Sides: Double Sided Color Prints 	PCM1003	803	\$0.75	\$602.25
Product: Postage • PRSRTD STD LETTER		803	\$0.23	\$183.34

Thank you for doing business with Connolly Printing.

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

Subtotal:	\$785.59
(6.25%)	\$37.64
Total:	\$823.23
Payments/Credits	\$0.00
Balance Due	\$823.23

MethuenLife

P.O. Box 485
Windham, NH 03087

Invoice

DATE	INVOICE #
11/4/2019	199489

BILL TO
Dennis Deeb 50 Conrad St Methuen, Ma 01844

TERMS	DUE DATE
14 Days	11/18/2019

ITEM	DESCRIPTION	Service Date	AMOUNT
1/4 PAGE COLOR	November Issue 2019		285.00

PLEASE INCLUDE INVOICE NUMBER ON CHECK

Total	\$285.00
Customer Total Balance	\$285.00

E-mail
methuenlife10@yahoo.com