



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

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2019 SEP 20 AM 8:24

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/15/19 Ending Date: 9/16/19

Type of Report: (Check one)

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

Jordan Normandia

Candidate Full Name (if applicable)

Central District City Council

Office Sought and District

86 Oakland Ave Methuen, MA 01844

Residential Address

E-mail: Jnormandia2893@gmail.com

Phone # (optional):

Committee to Elect Jordan Normandia

Committee Name

Chris Castro

Name of Committee Treasurer

86 Oakland Ave Methuen, MA 01844

Committee Mailing Address

E-mail: Crcastro86@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

2005.00

Line 3: Subtotal (line 1 plus line 2)

2005.00

Line 4: Total expenditures this period (page 5, line 14)

1804.09

Line 5: Ending Balance (line 3 minus line 4)

200.91

Line 6: Total in-kind contributions this period (page 6)

200

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: TD Bank

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: Christopher Castro (Treasurer's signature)

Date: 9/14/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature]

(Candidate's signature)

Date: 9/14/19

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)
8/20/19	Allison Ahearn 85 Dinsmore St Lowell, MA 01852	25.00	
8/15/19	Josh Baez Arrowood Methuen, MA 01844	25.00	
8/15/19	Georgia Demopoulos	10.00	
8/15/19	Shane Dixon 16 Marjorie St Methuen, MA 01844	50.00	
8/15/19	Jessica Finocchiaro 22 Elmsmere Ave Methuen, MA 01844	50.00	
8/15/19	James Foley Methuen, MA 01844	25.00	
8/19/19	Laura Garcia 42 Mechanic St Haverhill, MA 01830	100.00	
8/15/19	James Haddad	30.00	
8/15/19	Jose R. Jaquez 47 Merrill Terrace Methuen, MA 01844	100.00	
8/15/19	Esther Pena-Laboy 86 Oakland Ave Methuen, MA 01844	100.00	
8/15/19	George Lenotte Jr. 332 Howe St Methuen, MA 01844	100.00	
8/15/19	George Lenotte Sr.	50.00	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/15/19	Thomas R. Lussier 5 East St Methuen, MA 01844	100.00	
8/15/19	Tammy Madeville 38 Olympic Village Dr Methuen, MA 01844	40.00	
8/15/19	Lisa McCarthy Methuen, MA 01844	50.00	
8/15/19	Neil P. Perry 121 Hampstead St Methuen, MA 01844	50.00	
8/15/19	Maureen Pollard 233 Lawrence St Methuen, MA 01844	50.00	
8/15/19	Sharon Pollard 5 East St Methuen, MA 01844	100.00	
9/6/19	Michael Soloman 60 Somerset St Methuen, MA 01844	225.00	Self Employed
8/19/19	Steven Sychamponakone Gage St Methuen, MA 01844	100.00	
8/15/19	Mark Trempe 47 Merrill Terrace Methuen, MA 01844	100.00	
9/4/19	Nereyda Trempe 47 Merrill Terrace Methuen, MA 01844	500.00	Self Employed
8/15/19	Marie Vecchiarello 504 Wellman Ave North Chelmsford, MA 01863	25.00	
Line 9: Total Receipts over \$50 (or listed above)		2005.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2005.00	← 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 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
8/21/19	Left Eye Creations	60 Island St Lawrence, MA 01840	Palm Cards, and lawn signs	1039.10
9/7/19	Left Eye Creations	60 Island St Lawrence, MA 01840	Palm Cards	254.99
9/11/19	Left Eye Creations	60 Island St Lawrence, MA 01840	Logo Design	125.00
9/7/19	Methuen Democratic City Committee	5 Tanglewood Cir Methuen, MA 01844	Advertisement	160.00
9/5/19	The Valley Patriot	75 Main St North Andover, MA 01845	Advertisement	225.00
Line 12: Total Expenditures over \$50 (or listed above)				1804.09
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1804.09

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 B: EXPENDITURES (continued)[illegible]

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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
8/15/19	Tekila's Mexican Restaurant	126 Merrimack St Methuen, MA 01844	Fundraiser venu	200.00
			Line 15: In-Kind Contributions over \$50 (or listed above)	200.00
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	200.00

* 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.

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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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