



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 11/1/25 Ending Date: 10/27/25

Type of Report: (Check one)

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

Daniel J Shibilis
Candidate Full Name (if applicable)
CITY COUNCIL - WEST DISTRICT
Office Sought and District
22 RIVERVIEW AVE, METHUEN
Residential Address
E-mail: CTEDanShibilis@gmail.com
Phone #: 978-604-9613

CTE Dan Shibilis
Committee Name
Brian Gaspard
Name of Committee Treasurer
22 RIVERVIEW AVE, METHUEN
Committee Mailing Address
E-mail: CTEDanShibilis
Phone #:

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report 0
Line 2: Total receipts this period (page 3, line 12) 1601.13
Line 3: Subtotal (line 1 plus line 2) 1601.13
Line 4: Total expenditures this period (page 5, line 15) 1502.70
Line 5: Ending Balance (line 3 minus line 4) 98.43
Line 6: Total in-kind contributions this period (page 6, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, line 19) 0
Line 8: Total out-of-pocket expenses this period (page 8, line 22) 1309.92
Line 9: Name of bank(s) used: MET 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: [Signature] (Treasurer's signature)

Date: 10/27/25

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: 10/27/25

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7/26/25	Robt Johansen 1189 Broadway Haverhill MA 01832	\$21.41	
6/11/25	Laurie Keegan 68 Monroe Ave Methuen	\$5.59	
7/26/25	Laurie Keegan 68 Monroe Ave Methuen	\$26.68	
9/10/25	Kristina Keasling 93 Rolling Ridge Methuen	\$53.04	
9/10/25	Ann Piccolomini 202 Wheeler St. Methuen	\$50	
9/10/25	Kathy Martinez 14 Webb St Methuen	\$26.68	
9/10/25	Stephen McLabe 15 Brunswick St Lowell, MA 01850	\$500	Retired.
6/17/25	Chrissy Montgomery 35 Coachman Lane Methuen MA	\$26.68	
7/26/25	Chrissy Montgomery 35 Coachman Lane Methuen	\$21.41	
7/26/25	Stephanie Noessel 164 Tremont St Melrose, MA 02126	\$50	
9/10/25	Heather Plankoff 115 East St. Methuen	\$100	
6/18/25	Scott Rancourt 25 Maple Ave South Grafton MA 01560	\$50	
9/10/25	Amanda Robinson 46 Elm St Methuen	\$53.04	
Line 9: Total Receipts over \$50 (or listed above)		\$984.73	784.73
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)
7/20/25	Pamela Belanger 44 Shirley Ave Methuen	\$50	
7/26/25	Carl Bettano 10 Percy St. Methuen	\$40	
9/10/25	Kara Blatt 10 Meadow Lane Westford, MA 01886	\$30	
6/17/25	Rachel Bunn 27 Warren Ave Methuen	\$26.68	
9/10/25	Kevin Caron 66 Capitol St. Methuen	\$30	
6/17/25	Starla Enos 66 Swan Ave Methuen	\$26.68	
7/27/25	Katherine Escobar 0 Blueberry Lane Methuen	\$121.41	
7/26/25	Geoffrey Fulgione 72 Harkaway Rd N. Andover, MA 01845	\$53.04	
9/10/25	Brian Gaspar 24 Cochran Circle Methuen	\$53.04	
7/27/25	Mary Beth Grassi 15 Coolidge St. Methuen	\$26.68	
7/26/25	Sandra Holmes 11 Brown Court Methuen	\$53.04	
9/10/25	Jade Jalbert 66 Lady Slipper Lane Methuen	\$25	
Line 9: Total Receipts over \$50 (or listed above)		\$435.77	
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)
9/10/25	Merry Redenher 62 Rolling Ridge Lane Methuen	\$26.68	
6/19/25	Ann Shapiro 11 Observatory Methuen	\$125	
7/27/25	Ann Shapiro 11 Observatory Methuen	\$125	
9/10/25	Martha Sirais 7 Boger Hill Circle Methuen	\$125	
6/17/25	Amanda Smith 27 Sycamore Rd Methuen	\$26.68	
7/27/25	Amanda Smith 27 Sycamore Rd Methuen	\$21.41	
7/26/25	Tracy Swinarski 46 Putnam Rd N. Andover MA 01845	\$10.86	
10/6/25	Jennifer Boissette 32 Orchard St Methuen	\$20	
Line 9: Total Receipts over \$50 (or listed above)		180.63	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1601.13	← 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 for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)[illegible]

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

34.35

Line 14: Expenditures \$50 and under (not listed above)

1368.35

Line 15: TOTAL EXPENDITURES IN THE PERIOD

1502. 70

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.

[illegible]

* 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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
7/29/25	Amazon	\$29.79	Sign displays
9/27/25	Proforma Elite Sourcing	\$1266.13	yard signs
6/21/25	Squarespace	\$14.00	URL
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		1309.92	<p>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		1309.92	

Page 8