



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

2015 OCT 26 PM 2:30

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/20/2015

Ending Date:

10/26/2015

Type of Report: (Check one)

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

Ronald Marsan

Candidate Full Name (if applicable)

Committee to Elect Ron Marsan

Committee Name

Jonathan Marsan

Name of Committee Treasurer

10 Hawkes Brook Ln

Committee Mailing Address

10 Hawkes Brook Ln

Residential Address

Telephone Number (optional):

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

**Line 1:** Ending Balance from previous report

754.88

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

5,705

**Line 3:** Subtotal (line 1 plus line 2)

6,459.88

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

3,142.85

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

3,317.03

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

0

**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:

(Treasurer's signature)

Date: 10/26/15

#### 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: 10/26/15

## 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)
Sep 10, 2015	Clement J Bonanno, Jr 66 Bonanno Court Methuen, Ma 01844	100	
Sep 16, 2015	Anthony J. and Lynn Perrone 7 Apple Crest Drive Methuen, Ma 01844	100	
Sep 29, 2015	Daniel A Macinnis 52 Amherst St Lawrence, MA 01843	100	
Sep 19, 2015	Francis D Coady 315 Atlantic Ave Seabrook, NH 03874	500	Owner, Frank Coady Towing Inc
Sep 16, 2015	Robert A. Irene E. Crowley 9 Stearns Ave Lawrence, MA 01841	100	
Sep 16, 2015	Joshua M Ferry 534 Prospect St Methuen, MA 01844	100	
Sep 16, 2015	Charles M and Robyn A. Saba 26 Kimball Circle Methuen, MA 01844	100	
Sep 16, 2015	Lt Col (Ret) Donald E. and Linda Dean Campbell 42 Sugar Pine Ln. Methuen, MA 01844	100	
Aug 21, 2015	Joseph R. Shaheen, Jr Route 101 AT 11A Fremont, NH 03044	100	
Sep 15, 2015	OConnor Ives Committee P.O. Box 121 Newburyport, MA 01950	100	
Sep 18, 2015	Paul V. and Justine E. Marsan 47 Ponderosa Ave Methuen, MA 01844	100	
Sep 16, 2015	Dr Joseph S. and Joyce Maroun 6 Valley View Way Methuen, MA 01844	100	
Line 9: Total Receipts over \$50 (or listed above)		1,600	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		1,600	← 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)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
Sep 16, 2015	Mark M. Caron 3 Chippy Ln Methuen, MA 01844	100	
Sep 16, 2015	RB & Associates 290 Broadway Suite 500 Methuen, MA 01844	100	
Sep 15, 2015	Peter J McQuillan 28 Cochrane St Methuen, MA 01844	100	
Aug 30, 2015	Joseph A. and Theresa B. Leone 28 Morgan Drive Methuen, MA 01844	100	
Sep 16, 2015	Glenn T. and Christine M Saba 8 Brushwood Dr Atkinson, NH 03811	200	Owner, Century Builders Inc
Sep 16, 2015	A. Richard Bonanno 255 Merrimack St Methuen, MA 01844	200	Owner, Bonanno Farms
Sep 16, 2015	Nancy and Scott C. Snow 10 Jo Dan Lane Methuen, MA 01844	200	Mechanic, Watts Regulator Company
Sep 16, 2015	Josephine Unis 12 Emmett Ave Methuen, MA 01844	500	Homemaker
Sep 16, 2015	Rashid and Ayesha Khan 8 Apple Crest Drive Methuen, MA 01844	200	Homemaker
Sep 15, 2015	Arlene Champey 12 Justin Dr Danville, NH 03819	350	Safety Officer, Holy Family Hospital
Sep 15, 2015	William M and Elizabeth C Manzi 66 Woodburn Drive Methuen, MA 01844	250	Town Manager, Town of Seabrook NH
Sep 20, 2015	Jonathan C and Maria Bonanno 27 Argilla Rd Methuen, MA 01844	100	
Sep 29, 2015	Saragas Donut Company 137 Pelham St Methuen, MA 01844	500	Owner, Heav'nly Donuts
Line 9: Total Receipts over \$50 (or listed above)		2,900	
Line 10: Total Receipts \$50 and under* (not listed above)		1,205	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		4,105	← 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.)

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 B: EXPENDITURES (continued)**

\* 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.

\* 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. **Page 6**

## **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.*

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