



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

2015 OCT 26 P 2: 48

FILE #
CITY CLERK, SALEM, MASS.
Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 01 Date 01 Year 2015 Ending Month 10 Date 26 Year 2015

Type of report: (Check one)

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

Domingo Dominguez
Full Name of Candidate (if applicable)

Councilor At-Large
Office Sought and District

18 Raymond Rd
Residential Address

978 815-1089
Tel. No. (optional)

Domingo Dominguez Campaign
Committee Name

Michele Balcer
Name of Committee Treasurer

18 Raymond Rd
Committee Mailing Address

Salem, MA 978 815-1089
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 449.22

Line 2: Total receipts this period (page 2, line 11) \$ 1785.00

Line 3: Subtotal (line 1 plus line 2) \$ 1,234.22

Line 4: Total expenditures this period (page 3, line 14) \$ 2,909.39

Line 5: Ending balance (line 3 minus line 4) \$ -1,675.17

Line 6: Total in-kind contributions this period (page 4) \$ _____

Line 7: Total (all) outstanding liabilities (page 4) \$ _____

Line 8: Name of bank(s) used Eastern 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:

Michele Balcer
Treasurer's signature (in ink)

10/26/15
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Domingo Dominguez
Candidate signature (in ink)

10/26/15
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.

This page may be copied 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)
4/26/15	Marion E. Blanchette 322 Jefferson Ave Lorraine L. Roussin Salem MA	100 00	
4/29/15	Committee TO Elect Po Box Dan Rivera 3133 Lawtence Mt	50 00	
5/3/15	Brendan R. Walsh 5 W. Terrace Katherine Walsh Salem MA	50 00	
5/6/15	Deborah Prentice	25 00	
5/7/15	Rose Mary Sargent 143 Bellevue Rd. Lynn MA	25 00	
5/7/15	Steven Pinto 53 Columbus Ave Salem MA	75 00	
5/7/15	Kathryn M. Harper 3 Allen St Salem MA	25 00	
5/7/15	James R. Willis Jr. P.O. Box 8463 Salem MA	25 00	
5/7/15	John A Boris 5 Bedford St. Salem MA	50 00	
5/7/15	Pamela J. Lombardini 3 Larch Ave Salem MA	50 00	
5/7/15	Francis Kulik 3 Allen St Salem MA	25 00	
5/7/15	Lucy Corchado 4 Chase St Unit 2 Salem MA	50 00	
8/18/15	Alice K Ryan 16 Wheatland St. Salem MA	25 00	
8/18/15	Lucy Corchado 10 Chase St Unit 2 Salem MA	50 00	
8/19/15	Nasser Shams Victoria Shams	100 00	
Line 9: Total receipts in excess of \$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 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.

This page may be copied 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	
4/21/15	BEACH	151 VFW PKWY STE 3 Revere MA	Materials	73	50
4/25/15	Staples	17 Paradise RD Salem MA	Supplies	16	99
4/29/15	Staples	1399 North Shore Revere MA RD	Supplies	16	99
4/29/15	BEACH	151 VFW PKWY STE 3 Revere MA	Materials	19	60
5/1/15	Connolly Printing	17B Gill St Woburn MA.	Printing Materials	1,063	56
5/7/15	Moose Lodge	50 Grove St Salem MA.	Hall event	150	00
6/8/15	Connolly Printing	17B Gill St. Woburn MA.	Printing Materials	722	50
7/27/15	BEACH	151 VFW PKWY STE 3 Revere MA	Materials	63	21
7/27/15	Staples	1399 North Shore Revere MA RD	Supplies	19	11
7/30/15	U-Haul Moving & Storage	43 Jefferson Ave Salem MA	Fuel Propane Tank	29	18
8/13/15	BEACH	151 VFW PKWY Revere MA	Supplies	12	25
8/14/15	Connolly Printing	17B GILL St Woburn MA	Printing Supplies	722	50
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				2909	39

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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
5/1/15	DOMingo Doming	18 Raymond Rd	Loan	3,500 ⁰⁰
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: _____
Reporting Period Beginning _____ Ending _____
Month Date Year Month Date Year

Type of report: (Check one)

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

Domingo Dominguez

Full Name of Candidate (if applicable)

Office Sought and District

Residential Address

Tel. No. (optional)

Domingo Dominguez Campaign

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ _____
Line 2: Total receipts this period (page 2, line 11) \$ _____
Line 3: Subtotal (line 1 plus line 2) \$ _____
Line 4: Total expenditures this period (page 3, line 14) \$ _____
Line 5: Ending balance (line 3 minus line 4) \$ _____
Line 6: Total in-kind contributions this period (page 4) \$ _____
Line 7: Total (all) outstanding liabilities (page 4) \$ _____
Line 8: Name of bank(s) used _____

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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 signature (in ink)

Date

SCHEDULE A: RECEIPTS

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

[illegible]

Line 10: Total receipts \$50 and under 785 Enter on page 1, line 2

Line 11: TOTAL RECEIPTS IN THE PERIOD 00

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2