

# Form CPF M 102: Campaign Finance Report OH DEPT. Municipal Form SOMERVILLE, MA

Office of Campaign and Political Finance

2017 SEP 12 A 8: 44

provide the contract of the co	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 1/1,	21/17 Ending Date: 9/1/17				
Type of Report: (Check one)					
, , , , ,	30 day after election  vear-end report dissolution				
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution				
Guillermo Samuel Hamlin	Committee to Elect Guillermo Samuel Hamlin				
Candidate Full Name (if applicable)	Committee Name				
Ward 1 School Committee,	Kayla Comalli				
Office Sought and District	Name of Committee Treasurer				
69 Myrtle St. Somerville, MA 02145  Residential Address	69 Myrtle St. Somerville, MA 02145  Committee Mailing Address				
E-mail: gshamlin89@gmail.com	E-mail: kayla.comalli@gmail.com				
Phone # (optional):	Phone # (optional):				
a note in (optional).	-   There is (optional)				
SUMMARY BALAN	NCE INFORMATION:				
Line 1: Ending Balance from previous report	0				
Line 2: Total receipts this period (page 3, line 11	11) 2490				
Line 3: Subtotal (line 1 plus line 2)	2490				
Eme 3. Subtout (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, li	line 14) 1241.15				
Line 5: Ending Balance (line 3 minus line 4)	1248.85				
Line 6: Total in-kind contributions this period (p	(page 6) 0				
Line 7: Total (all) outstanding liabilities (page 7)	7) 0				
Line 8: Name of bank(s) used: Winter Hill Bank					
Affidavit of Committee Transport					
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:    Date: 9/8/17					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	DOX 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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting period.				
Candidate without Committee OR Candidate with independent activity filing a I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature)				

#### **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)
6/29/17	Beckman, Joseph 22 Stone Ave. Somerville, MA 02143	25	(101 0020112 201 002011 201000)
5/28/17	Ewen-Campen, Ben 28 Warren Ave. #5 Somerville, MA 02143	50	
6/23/17	Gerrantana, Frank 632 Massachusetts Ave. #214 Cambridge, MA 02139	30	
6/30/17	Gradowski, Kathryn 202 Pearl St. Somerville, MA 02145	15	
6/30/17	Grosso, Sue 3 Morgan Way Scotch Plains, NJ 07076	500	Radiologist Summit Medical Group
7/27/17	Hamlin, Pia 36 Holland Ave. Peapack, NJ 07977	250	Self-Employed/Owner
8/23/17	Ironworkers Local 7 195 Old Colony Ave. South Boston, MA 02127	500	Union Endorsement
6/10/17	Kelly, Charlotte 22 Laird Rd. Medford, MA 02155	40	
8/25/17	Mazen, Nadeem 171 Auburn St. Cambridge MA 02139	100	
3/24/17	McKeon, Martin 18 Park St. Sanford, ME 04073	50	
5/29/17	McLaughlin, Matthew 50 Flint. #3 Somerville, MA 02145	100	
5/29/17	McWhinney, Melissa 16 Dickson St. Somerville, MA 02143	20	
ine 9: Total Rece	pts over \$50 (or listed above)	2450	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	40	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	2490	← Enter on page 1, line 2

<sup>\*</sup> 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)	
6/29/17	Mone, Maura 50 Flint. #3 Somerville, MA 02145	50	(10.10001111111111111111111111111111111	
5/29/17	O'Toole, Feargal 65 Myrtle St. Somerville, MA 02145	30		
8/24/17	Pierce, Nicholas 107 Heath St. Boston, MA 021301	50		
8/24/17	Pizzo, Presley 302 Beacon St. #1 Somerville, MA 02143	50		
5/25/17	Revilak, Stephen 111 Sunnyside Ave. Arlington, MA 02474	30	·	
5/29/17	Sadaoian, Sally 103 Hillsdale Rd. Somerville, MA 02144	30		
6/29/17	Nelson Salazar & Laura Brooks 10 Virginia St. Somerville, MA 02145	50		
8/23/17	SEIU 888 25 Braintree Hill Park #306, Braintree, MA 02184	200	Union Endorsement	
5/29/17	Sloane, David 53 Paulina St. #3, Somerville, MA 02144	100		
5/29/17	Sterling, Kyera 4073 Washington St. #1 Roslindale, MA 02131	25		
5/18/17	Tracy, Sam 41 Marion St. #2 Medford, MA 02155	25		
5/10/17	Cesar Urrunga 45 Oxford St. Somerville, MA 02143	100		
5/29/17	York, Elizabeth 1260 Massachusetts Ave. Arlington, MA 02476	30		
ine 9: Total Rece	ipts over \$50 (or listed above)	2450		
Line 10: Total Receipts \$50 and under* (not listed above)		40		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	2490	← Enter on page 1, line 2	

<sup>\*</sup> 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
8/31/17	Cambridge Offset Printing	56 Creighton St. Cambridge, MA 02140	Palm Cards	290.00
6/29/17	Casey's Pub	173 Broadway, Somerville, MA 02145	Location & catering for campaign launch.	220
8/21/17	Facebook	1 Hacker Way, Menio Park, CA 94025	Boost	25.0:
09/01/17	Facebook	1 Hacker Way, Menlo Park, CA	Boost	5.43
07/11/17	Guillermo Samuel Hamlin	69 Myrtle St. Somerville, MA 02145	Reimbursement for purchasing 100 remittance envelopes from Cambridge Offset Printing.	132.99
07/11/17	Mass Dems	11 Beacon St. Boston, MA 02108	1st installment for Votebuilder	250
09/02/17	Mass Dems	11 Beacon St. Boston, MA 02108	2nd installment for Votebuilder	250
07/31/17	Rincon Mexicano	99 Broadway Somervilla, MA 02145	Committee to Elect Meeting	40.91
07/31/17	Staples	165 Middlesex Ave. Somerville, MA 02145	Printing	27.75
		Line 12: Total Expenditures over	er \$50 (or listed above)	1241.15
		Line 13: Total Expenditures \$50 and under* (not listed above)		0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			1241.15	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I alu	(alphabetical fisting)	Audress	Turpose of Expenditure	/ Amount
	•			
- 1				
		4		
		,		
		-		
		Line 12: Expenditures over \$50	(or listed above)	1241.15
	}	Line 13: Expenditures \$50 and to		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1241.15

<sup>\*</sup> 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
N/A	N/A	N/A -	N/A	N/A
		,		
			·	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	N/A
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	N/A
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	N/A

<sup>\*</sup> 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.

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## **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
N/A .	N/A	N/A	N/A	N/A
·				
		·		
	,			
,				
*	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	N/A