



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

2019 SEP -3 A 8:37

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 01 Date 01 Year 2019 Ending Month 08 Date 23 Year 2019

Type of report: (Check one)

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

Sarah Phillips

Full Name of Candidate (if applicable)

School Committee, Ward 3

Office Sought and District

19 R Prospect Hill Ave #2

Residential Address

Tel. No. (optional)

Committee to Elect Sarah Phillips

Committee Name

Stacey Simon

Name of Committee Treasurer

19 R Prospect Hill Ave #2

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 7,973.00
Line 3: Subtotal (line 1 plus line 2) \$ 7,973.00
Line 4: Total expenditures this period (page 3, line 14) \$ 4,243.22
Line 5: Ending balance (line 3 minus line 4) \$ 3,729.78
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used Citizen's 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 (in ink)

Stacey Simon

Date

8/29/19

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)

[Signature]

Date

8/29/19

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.

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)
	Please See Attached list			
Line 9: Total receipts in excess of \$50 (or listed above)		\$7185	00	
Line 10: Total receipts \$50 and under* (not listed above)		\$788	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$7973	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.

Receipts

Receipt ID	Date	Amount	Re Rec Donor First Name	Donor Last Name	Donor Addr1	Donor Addr2	Donor City	Donor State	Donor ZIP	Donor Country	Donor Occupation	Donor Employer
A879057517	6/20/19 1:11	\$ 100.00	1 Laura	Andlma	9404 Bear Mountain Trail NE		albquerque	NM	87113	United States	doctor	VA
A878379838	6/17/19 13:39	\$ 400.00	1 Barbara	Applegate	2769 Amber Waves Ln		Fert Collins	CO	80328	United States	Not Employed	Not Employed
A878908311	6/12/19 21:38	\$ 200.00	1 Terrence	Campaigna	516 LITTLE LAKE DR		Ann Arbor	MI	48103	United States	artist/ landscaper	self
A879239802	6/28/19 20:43	\$ 250.00	1 Samuel	Edwinson	8928 White Coral Way		Middleton	WI	53562	United States	Software Developer	Edic
A879861197	6/18/19 23:05	\$ 250.00	1 Janie	Ewens	P.O. Box 27		North lake	WI	53064	United States	Not Employed	Not Employed
A878899431	6/17/19 19:05	\$ 100.00	1 Naomi	Fisher	2120 W GOOD HOPE RD UNIT 5		GLENDALE	MA	55209-2747	United States	Not Employed	Not Employed
A879596019	6/11/19 18:52	\$ 500.00	1 Steve	Gilbert	25 Kinross Rd		Brighton	MA	02135	United States	Not Employed	Not Employed
A879038619	6/11/19 11:49	\$ 100.00	1 Amy	Hoey	19K Prospect Hill Ave #1		Somerville	MA	02143	United States	Software Engineer	Alum Technologies
A876552335	6/11/19 17:38	\$ 100.00	1 Brook	Hopkins	1740 NE Holman St		Portland	OR	97211	United States	Librarian	Un-Benton Community College
A878509596	6/10/19 21:32	\$ 250.00	1 Laura	Howells	14 Cottage Park Ave		Cambridge	MA	02140	United States	Attorney	Harvard University
A878024796	6/9/19 10:16	\$ 100.00	1 Jorelyn	Kasow	235 Teacher Street		Milton	MA	02186	United States	Assistant Director	Marketing & Sales Analytics
A861878562	7/17/19 12:38	\$ 100.00	1 Peble	Kranz	37 SCHOOL ST		SOMERVILLE	MA	02143	United States	Not Employed	Harvard Business School
		\$ 75.00	1 Dorie	Krauss	29 Vaasar Street		Rochester	NY	14607	United States	Physician	Not Employed
A879869397	6/17/19 9:55	\$ 160.00	1 Jersiza	Leader	41 Munroe St		Somerville	MA	02143	United States	Teacher	Capital City PCS
A878870547	6/17/19 10:19	\$ 200.00	1 Sandra	Levy	1912 10TH ST NW		WASHINGTON	DC	20001	United States	Physician	Aetna
A878133358	6/5/19 1:22	\$ 100.00	1 Jerrine	monta	5240 Main St		Sikele	IL	30024	United States	Commissioner	Metropolitan Water Reclamation District
	check donation	\$ 1,000.00	1 Charles	Phillips	903 Apache Mountain Ln		Georgetown	TX	78653	United States	Retired	Not employed
A876857721	5/19/19 18:47	\$ 1,000.00	1 Florence	Rosenstock	315 Gray Street		Amherst	MA	01002	United States	Not employed	Not employed
	check donation	\$ 250.00	1 Josh	Rosenstock	19K Prospect Hill Ave #2		Somerville	MA	02143	United States	Professor	Not Employed
A877961639	5/22/19 19:21	\$ 400.00	1 Paula	Rosenstock	25 Kinross Rd		Brighton	MA	02135	United States	Not Employed	Not Employed
	check donation	\$ 250.00	1 Julia	Schneider	14 Aldersey St		Somerville	MA	02145	United States	Social worker	IZatope
	check donation	\$ 100.00	1 Scott	Simon	70 Chis Street		Somerville	MA	02143	United States	BD	Self employed
A878538332	6/11/19 18:45	\$ 500.00	1 Dhuodup	Stolar	157B Old Peterborough Rd		Dublin	NH	03444	United States	Builder	
		\$ 500.00	1 Tethang	Tethang	39 Boston Street		Somerville	MA	02143	United States	Builder	
		\$ 2,738.00	National Association of Social Workers		14 Beacon Street Ste 409		Boston	MA	02108	United States		

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	
8/23/19	Boston Business Printing	115 Broad St Boston	Sig ^{ns}	436	40
8/23/19	Boston Business Printing	115 Broad St Boston	Sig ^{ns}	1133	34
6/12/19	Dosa N' Curry	447 Somerville Ave Somerville	Food for kickoff	109	89
6/12/19	Ghi Sushi	290 Somerville Ave Somerville	Food for kickoff	79	86
5/17/19	Mass. Democratic Party	11 Beacon St Ste 40 Boston	Voter database	500	00
8/20/19	Potters Printing	56 Creighton St Cambridge	Printing Cards	207	53
8/8/19	Potters Printing		Printing Cards	274	73
7/12/19	Potters Printing	same	Printing Cards	448	91
6/18/19	Potters Printing	same	Printing Cards	121	87
5/15/19	Potters Printing	same	Printing Cards	504	69
6/17/19	Sticker Giant.com	880 Weaver Park Longmont CO	Printing stickers	165	05
6/7/19	Sticker Giant.com	same	Printing stickers	109	52
Line 12: Expenditures over \$50				4091	79
Line 13: Expenditures \$50 and under*				151	43
Line 14: TOTAL EXPENDITURES				4243	22

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	0
			Line 16: In-kind \$50 and under	0
			Line 17: Total In-kind	0

* 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: OUTSTANDING LIABILITIES (ALL)	0