

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

ELECTION DEPT. SOMERVILLE, MA

THIE DOW	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date 8:134	Ending Date: 10/14/15
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Steven Paul Roix	CTE Steve ROIX
Candidate Full Name (if applicable)	Committee Name
Ward & School Committee Rep	Julie Roix
Office Sought and District	Name of Committee Treasurer
21 Pinckrey St	21 Pinckney St
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1. Ending Delenge from proving report	W 17 A 2
Line 1: Ending Balance from previous report	147.03
Line 2: Total receipts this period (page 3, line 1)	1) 5/1025.00
Line 3: Subtotal (line 1 plus line 2)	1,172.03
Line 4: Total expenditures this period (page 5, li	ine 14) 422.29
Line 5: Ending Balance (line 3 minus line 4)	149.75
Line 6: Total in-kind contributions this period (p	page 6)
Line 7: Total (all) outstanding liabilities (page 7	4
Line 8: Name of bank(s) used: Winter Hill	Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	box only)
	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, ng period.
Candidate without Committee 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 companion of the c	

(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.)

oport an recorptor rich	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)			
Date Received						
1216	11 George St	3				
10/13/15		\$50.000				
ı	CTE William Roche 395 William St					
10/13/15	Stone ham MAOLIED	10001				
			-			
10/13/15	Out + 600 rge Roix	10001				
	Athol, MA 01 3?1	10000				
10/13/15	NICL MURPHI					
10(1)(1)	121 conant Rb mA02176	75.00V				
	How is + Christing Rofa!					
10/13/15	122 Heath St	\$50.00				
	122 Heath St 161 MA OZIUS					
10/13/15	Bub & Josh Meann	825.WV				
	25 finck net St	'2'				
	Phyllic X (alax al Car					
10/13/15	Phyllis + Glenn King 35 Cambridge St. CHIMSFORD, MACIBEN	50.00				
	CHIMSFORD, MY (1821)					
10/13/15	35 Penney Ivan & AVD	\$5.00 ¥	£.			
	Sunfaully, My Uzlus	0.00				
idizlis	CTE MORTA MCLOUGHIN					
1013113	193 Pearl St ville, M	W W W	a			
	Sare solle las					
10/15/15	Searing & Jeff Pratt	50.00				
	Jeunine + Jethe Protty 14 Wis Consin All Somerallimo Ozius	J				
10/13/15	CTE Pennis Sullivan	Const				
10(13(1)	130 Ten Hills RD	20 m				
10(13(15	JogAN RIVIECTO 25 HINCKLAY ST	25,WV	1			
	Somerullo, MA 02145					
Line 9: Total Rece	ipts over \$50 (or listed above)	625				
Line 10: Total Receipts \$50 and under* (not listed above)						
Line 11: TOTAL RECEIPTS IN THE PERIOD / 1/25						
Line II: IOIAL	RECEIPTS IN THE PERIOD	1,025	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)
10/13/15	20 Conveil St	\$50.00	
idishs	EUA VINSUM SUM + Vernan St. SomorvibMA	50.00	
10/13/3	Mickele Biscuss/Marshall WPreston B.D. Someruly, M.	100.00	
10/13/15	Ben Echevarria 1 Gilman Terrasy	25.c0 V	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	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.

(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.)

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	
10/9/15	Printed Unlimited	63 Plymouth St Holbrouse, ma	Palm lasts	414.29	
		,			
		,			
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	414.28	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	8.00	
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 item				422.29	

^{*} 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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				-
				-
	-			
contributes more tha	ibution is received from a person who n \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	s over \$50 (or listed above)	
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.		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

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.

D. 4. L				Amount
Date Incurred	To Whom Due	Address	Purpose	Amount
4/16/13	Steve Roix	21 Pinckneyst	Loan to Campuign	3,000
9/16/13	Steve Roix	21 Pinckrey St.	Luan to Campaign	5800
9/14/15	Steve Roix	21 Pinckney St.	Loan to Company	2,000.00
	4			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			3,800	