



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with:  for City Clerk or  for Election Commission

Fill in Reporting Period dates: Beginning Date: 8-28-11 Ending Date: 10-21-11

CITY CLERK'S OFFICE  
MALDEN, MASS.

Type of Report: (Check one)

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

Gladys Rivera Rogers  
Candidate Full Name (if applicable)

Councilor at Large  
Office Sought and District

123 Bowdoin St. Malden  
Residential Address

Telephone Number (optional): \_\_\_\_\_

Committee to Elect Gladys  
Committee Name

Rie Lowenstein  
Name of Committee Treasurer

123 Bowdoin Str Malden  
Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>646.82</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1600.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2246.82</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1379.99</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>866.83</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>2016.50</u>
Line 8: Name of bank(s) used:	<u>Century Bank</u>

**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: Rie Lowenstein (Treasurer's signature) Date: 10/27/11

**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: 10/29/11

## 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)
10-6-11	Almedia, Maria	30 <sup>00</sup>	
10-5-11	Brown, Calvin	50 <sup>00</sup>	
9-23-11	Cash	200 <sup>00</sup>	Lester Morovitz P.O. Box, Eastern Ave Malden, Ma.
10-6-11	Cash	670 <sup>00</sup>	Cash at Fundraise door entries
10-6-11	Crowe, Margaret	30 <sup>00</sup>	
10-6-11	Ferris Ward - Tiffany	30 <sup>00</sup>	
9-21-11	Goldman Michael	100 <sup>00</sup>	
10-17-11	Kelleher + Callaghan	100 <sup>00</sup>	
10-15-11	Lerine, Helen	50 <sup>00</sup>	
10-20-11	Luong, Michelle	20 <sup>00</sup>	
9-22-11	Mass Northern Labor	150 <sup>00</sup>	
10-6-11	McGlinchy, Barbara	30 <sup>00</sup>	
Line 9: Total Receipts over \$50 (or listed above)		1460 <sup>00</sup>	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-6-11	McKelis Diane	30 <sup>00</sup>	
10-6-11	Rogers, Don	30 <sup>00</sup>	
9-22-11	Porter Yonch Cindy	50 <sup>00</sup>	
10-21-11	Sabinco, Lareen	30 <sup>00</sup>	

Line 9: Total Receipts over \$50 (or listed above) 140<sup>00</sup>

Line 10: Total Receipts \$50 and under\* (not listed above) 0

**Line 11: TOTAL RECEIPTS IN THE PERIOD** 1400<sup>00</sup>

← 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 (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10-18-11	Cambridge Offset	50 Craghton St. Cambridge Ma 02140	Color letterhead and Lapel stickers	245.63
10-18-11	Cambridge Offset	50 Craghton St Cambridge Ma 02140	Dear Friend cards	79.69
9-15-11	Jason Knox Jr	630 Salem St. Malden, Ma.	Hall rental	75.00
10-5-11	Pat Noone	malden, Ma.	misc and paper products	75.98
9-9-11	Pizza Pizza	Pearl St. Malden	meet + greet	59.57
9-6-11	Gladys Rivera Rojas	123 Burdon St.	misc, stamps Flowers etc.	91.07
10-6-11	Sun Kong	25 Eastern Ave Malden, Ma.	Food for Fundraiser	658.05
9-5-11	Fred Williams Jr	630 Salem St. Malden Ma	Hall rental	75.00
Line 12: Expenditures over \$50 (or listed above)				1399 <sup>44</sup>
Line 13: Expenditures \$50 and under* (not listed above)				0
Line 14: <b>TOTAL EXPENDITURES IN THE PERIOD</b>				1399 <sup>44</sup>

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>				
<b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b>				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				

\* 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
8-5-11	Cambridge Offset	50 Coughton St Cambridge 02140	Palm Cards	573.75
8-31-11	Cambridge Offset	50 Coughton St Cambridge 02140	Palm Cards	573.75
10-6-11	Gladdy's River Kayaks	123 Bowdoin	tip at Sun King	50.00
<del>10-20-11</del>	<del>Kasson Davis</del>	<del>100 Main St Malden</del>	<del>Supplies</del>	<del>100.00</del>
<del>10-20-11</del>	<del>FEARLOVE</del>	<del>Baby Food Malden</del>	<del>Supplies</del>	<del>100.00</del>
9-10-11	Malden Post Office	Mt Pleasant St. Malden	stamps	87 <sup>00</sup>
9-23-11	Malden Post Office	Mountain Ave Malden Ma	stamps	44 <sup>00</sup>
10-12-11	Malden Post Office	Mountain Ave Malden, Ma	stamps	88 <sup>00</sup>
7-13-11 10-13-11	Sage Systems	P.O. Box 2211 Leahedy, Ma	enrollment	600 <sup>00</sup>
	<del>XXXXXXXXXX</del>			

owed to

owed to

Enter on page 1, line 7 →

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

2016.50