



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
BELMONT, MA.

MAR 24 9 44 AM '14

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/1/2014

Ending Date:

3/14/14

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Roger Colton

Candidate Full Name (if applicable)

Selectman for the Town of Belmont

Office Sought and District

34 Warwick Road, Belmont, MA

Residential Address

Telephone Number (optional):

Committee to Elect Roger Colton

Committee Name

Gloria Leipzig

Name of Committee Treasurer

48 Gorham Road, Belmont, MA 02478

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

7918.31

Line 2: Total receipts this period (page 3, line 11)

11924

Line 3: Subtotal (line 1 plus line 2)

19842.31

Line 4: Total expenditures this period (page 5, line 14)

5311.67

Line 5: Ending Balance (line 3 minus line 4)

14530.64

Line 6: Total in-kind contributions this period (page 6)

-

Line 7: Total (all) outstanding liabilities (page 7)

503.19

Line 8: Name of bank(s) used: East Cambridge Savings 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:

Gloria Leipzig

(Treasurer's signature)

Date: 3/24/14

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:

Roger Colton

(Candidate's signature)

Date: 3/24/14

Cushman, Ellen

From: Gloria Leipzig <gleipzig1@gmail.com>
Sent: Monday, March 24, 2014 3:52 PM
To: Cushman, Ellen
Subject: Campaign Finance Report

Dear Ms. Cushman:

I am writing to confirm that the name of a donor listed on the campaign finance report for the Committee to Elect Roger Colton should not have been included on the list. Martha Bazakas of 80 Davis Road, Belmont, MA donated an amount less than \$50 and her contribution was included with other unitemized receipts. The date of her contribution and the amount were correctly deleted from the itemized report although for some reason, her name was not deleted.

The finance report balances as submitted are correct.

Please submit this email as clarification along with the report.

Please let me know if there are other questions.

Thank you.
Gloria Leipzig
Treasurer

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)
1/26/14	David Alper One Oak Avenue Belmont, MA	200	Self employed Podiatrist
2/18/14	Elizabeth Atkins 44 Juniper Road Belmont, MA	100	
1/29/14	George Bachrach 39 Merrill Road Watertown, MA	150	
3/5/14	Mary Lou Barbagallo 16 Vernon Road Belmont, MA	200	Legal Assistant Warren G. Miller 15 Court Square, Boston
2/28/14	Julie Barton 16 Charles Street Belmont, MA	75	
2/22/14	Suzanne Bass 530 Concord Avenue Belmont, MA	500	retired
2/22/14	Henry Bass 530 Concord Avenue Belmont, MA	500	Economist Merrimac Films 530 Concord Avenue, Belmont
	Martha Bazakas 80 Davis Road Belmont, MA		
2/18/14	Paul Bell, Jr. 642 Pleasant Street Belmont, MA	100	
2/6/14	John Bowe 20 Elizabeth Road Belmont, MA	100	
2/20/14	G. Timothy Bowman 74 Horace Road Belmont, MA	100	
3/10/14	David Brams 15 Cedar Street Belmont, MA	100	
Line 9: Total Receipts over \$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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/24/14	James Brehm 2028 Courtyard Loop #100 Sanford, FL 32771	100	
2/25/14	Ashley Brown 70 Leicester Road Belmont, MA	100	
1/29/14	Susan Centofanti 39 Merrill Road Watertown, MA 02472	150	
2/24/14	David Chase 14 Waverley Terrace Belmont,, MA	100	
1/14/14	Martin L. Cohen 21 Dunbarton Road Belmont, MA	100	
3/3/14	Jean Dickinson 53 Stults Road Belmont, MA	200	not employed
3/4/14	John Dieckmann 47 Lorimer Road Belmont, MA	100	
2/11/14	Patricia Dinneen 17 Chandler Street Belmont, MA	200	retired
3/2/14	Deveaux Duckworth 32 Fletcher Road Belmont, MA	200	Manager BBN Technologies 10 Moulton Street, Cambridge
3/3/14	Penn Edmonds 30 Shady Brook Lane Belmont, MA	150	
2/20/14	Jenny Fallon 30 Richardson Road Belmont, MA	200	at home
2/20/14	Judie Feins 71 Bay State Road Belmont, MA	100	
2/21/14	Robert Forrester 50 Pequossette Road Belmont, MA	250	consultant self employed
Line 9: Total Receipts over \$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 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/1/14	Bradley Franckum 175 Somerset Street Belmont, MA	200	letter sent 3/18/14
3/14/14	Julie Graessle 121 Brookside Avenue Belmont, MA	100	
3/7/14	Marcia Haines 360 School Street Belmont, MA	100	
2/8/14	Charles Hamann 6 Meadows Lane Belmont, MA	100	
3/14/14	Patricia Hawkins 10 Lincoln Street Belmont, MA	100	
3/9/14	Anne Helgen 243 Marsh Street Belmont, MA	250	at home
3/1/14	Joseph Hibbard 12 Stanley Road Belmont, MA	250	architect Sasaki Associates 64 Pleasant Street, Watertown, MA
2/24/14	John Howat 168 Amory Street Roxbury, MA 02119	100	
2/9/14	Caroline Huang 39 Howells Road Belmont, MA	500	at home
1/22/14	Jonathan Jacoby 49 Hill Road #35 Belmont, MA	100	
2/28/14	Suzanne Johannet 45 Warwick Road Belmont, MA	500	letter sent 3/6/14
3/3/14	Idith Kisin 115 Oliver Road Belmont, MA	60	
Line 9: Total Receipts over \$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 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/9/14	Richard Kobayashi 47 Stults Road Belmont, MA	100	
1/20/14	Michael Lougee 206 Sunnyside Circle Golden Valley, MN 55422	250	self-employed educational consultant
2/25/14	Shelley MacDonald 8 Clarendon Road Belmont, MA	60	
2/18/14	Sara Masucci 5 Scott Road Belmont, MA	75	
3/11/14	Gretchen McClain 87 School Street Belmont, MA	100	
2/27/14	Daniel McShea 515 Duluth Street Durham, NC 27705	100	
2/18/14	J. Grant Monahan 68 Snake Hill Road Belmont, MA	200	self-employed attorney
2/9/14	Jeanne Mooney 60 Oak Avenue Belmont, MA	200	letter sent 2/14/14
1/13/14	Martha Moore 331 Waverley Street Belmont, MA	100	
3/10/14	James Nager 28 Raleigh Road Belmont, MA	100	
2/15/14	Joseph Newberg 16 South Cottage Road Belmont MA	100	
2/11/14	Andrea Nolin 92 Kilburn Road Belmont, MA	500	self-employed flutist
Line 9: Total Receipts over \$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 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/12/14	Joan O'Donnell 39 Livermore Road Belmont, MA	100	
2/18/14	Sara Oaklander Monte Allen 88 Farnham Street, Belmont, MA	100	
2/21/14	Susan Offner 44 Warwick Road Belmont, MA	100	
2/3/14	Janet Olsen 9335 Hamlin Avenue Evanston, IL 60203	200	letter sent 2/14/14
1/10/14	Jennifer Page 15 Stanley Road Belmont, MA	75	
2/18/14	Fred Paulsen 90 School Street Belmont, MA	100	
2/9/14	Elizabeth Pew 27 Wellington Lane Belmont, MA	100	
3/5/14	Adriana Poole 53 Louise Road Belmont, MA	75	
3/10/14	David Powelstock 23 Alma Avenue Belmont, MA	100	
1/10/14	Roger Read 62 Munroe Street Belmont, MA	50	
2/24/14	Roger Read 62 Munroe Street Belmont, MA	100	
2/24/14	John Robotham 19 Scott Road Belmont, MA	100	
Line 9: Total Receipts over \$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 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/10/14	Penelope Schafer 161 Lewis Road Belmont, MA	100	
1/10/14	Joel Semuels 18 Bellevue Street Belmont, MA	100	
1/25/14	Michael Sheehan 33126 SW Callahan Rd Scappoose, OR 97056	100	
2/17/14	Kim Slack 23 Taylor Road Belmont, MA	100	
2/8/14	Aaron Smith 22 Margaret Drive Norton, MA 02766	60	
3/11/14	Greg Stone 9 Chenery Terrace Belmont MA	100	
3/14/14	Anne Stuart 48 Elizabeth Road Belmont, MA 100	100	
3/12/14	Gail Sullivan 23 Mountain Laurel Ln. Lancaster, MA 01523	100	
3/10/14	Richard Tenney 70 Bow Road Belmont, MA	100	
1/6/14	Ian Todreas 16 Chenery Terrace Belmont, MA	100	
3/2/14	Rebecca Webb 45 Hay Road Belmont, MA	100	
3/10/14	Miriam Weil 22 Glenn Road Belmont, MA	150	
Line 9: Total Receipts over \$50 (or listed above)		10730	
Line 10: Total Receipts \$50 and under* (not listed above)		1194	
Line 11: TOTAL RECEIPTS IN THE PERIOD		11924	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/16/14	Cambridge Offset Printing	56 Creighton Street Cambridge, MA 02140	palm cards	516.42
2/28/14	Cambridge Offset Printing	56 Creighton Street Cambridge, MA 02140	yard signs	1437.78
3/12/14	Cambridge Offset Printing	56 Creighton Street Cambridge, MA 02140	signs	458.65
1/24/14	Interaction Design, Inc	78 Chilton Street Belmont, MA	Domain names, mapping fee	672.90
1/16/14	Gloria Leipzig	48 Gorham Road Belmont, MA	envelopes--reimbursement	59.28
1/16/14	Wayne Mesard	14 Ash Street Belmont, MA	office supplies-reimbursement	57.42
1/30/14	Rachel Sorenson	23 Oak Street Belmont, MA	Campaign management/ coordination	1000
2/28/14	Rachel Sorenson	23 Oak Street Belmont, MA	Campaign management/ coordination	1000
Line 12: Total Expenditures over \$50 (or listed above)				5202.45
Line 13: Total Expenditures \$50 and under* (not listed above)				109.22
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				5311.67

* 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 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
2/7/14	Carly Brownsberger	120 Gilbert Road Belmont, MA	Reimbursement for labels and flyers--Staples	67.99
3/11/14	Michael Smith	40 Warwick Road Belmont, MA	Reimbursement--Anderson & McQuaid--materials for signs	367.20
3/14/14	Michael Smith	40 Warwick Road Belmont, MA	Reimbursement--Arlington Coal and Lumber--materials for signs	68
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				503.19

Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: WAYNE MESARDCommittee Name: Committee to Elect Roger Colton CPF ID #: _____Amount of Reimbursement: 57.42Date of Reimbursement: 1/16/14

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
1/16/14	STAPLES	Office Supplies	57	42
	186 Alewife Brook Pkwy			
	CAMBRIDGE, MA			
Expenditures in excess of \$50 (listed above)			57	42
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			57	42

Signed under the penalties of perjury:

Shane Lajon 3/24/14
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.

Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: GLORIA LEIPZIGCommittee Name: Committee to Elect ROGER COLTON CPF ID #: _____Amount of Reimbursement: 59.28Date of Reimbursement: 1/16/14

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
1/16/14	STAPLES	envelopes	59	28
	11 Mt. Auburn			
	WATERTOWN, MA			
Expenditures in excess of \$50 (listed above)			59	28
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			59	28

Signed under the penalties of perjury:

REGAN 3/29/14
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



Commonwealth
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Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:

RACHEL SORENSON

Committee Name:

COMMITTEE TO ELECT ROGER COLTON

CPF ID #:

Amount of Reimbursement:

11.10

Date of Reimbursement:

1/28/14

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)			<u>11</u>	<u>10</u>
TOTAL AMOUNT REIMBURSED			<u>11</u>	<u>10</u>

Signed under the penalties of perjury:

Blaine Lary
Signature of Candidate/Treasurer

3/24/14
Date

Please use a separate sheet for each reimbursement check issued.