



Commonwealth  
of Massachusetts

# Form CPF 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

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TOWN CLERK  
TOWN OF SWAMPSCOTT

2019 APR 22 AM 11 54

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 04 Date 12 Year 2019

### Type of report: (Check one)

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

Mary Polly Titcomb

Full Name of Candidate (if applicable)

Board of Selectmen

Office Sought and District

53 Burpee Rd Swampscott, MA 01907

Residential Address

Tel. No. (optional)

The Committee to Elect Polly Titcomb

Committee Name

Sarah Hesch

Name of Committee Treasurer

53 Burpee Rd Swampscott MA

Committee Mailing Address 01907

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0.00

Line 2: Total receipts this period (page 2, line 11) \$ 3434.00

Line 3: Subtotal (line 1 plus line 2) \$ 3434.00

Line 4: Total expenditures this period (page 3, line 14) \$ 3057.36

Line 5: Ending balance (line 3 minus line 4) \$ 376.64

Line 6: Total in-kind contributions this period (page 4) \$ -

Line 7: Total (all) outstanding liabilities (page 4) \$ -

Line 8: Name of bank(s) used Salem Five

105.1152  
3328.89

### 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:

[Signature]  
Treasurer's signature (in ink)

4/22/19  
Date

### 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:

Mary Polly Titcomb  
Candidate signature (in ink)

4/21/19  
Date

# 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)
4/5/19	Dana Arnold 32 Ross Rd Swampscott, MA 01907	500	00	Head of Talent Discovery Relay Therapeutics, Cambridge
4/2/19	Barbara Brewer (D'Amato) 97 Mt. Werner St Hadley, MA 01035	100	00	
4/1/19	Mary Dino 150 Braper Ln Apt 2BN Dobbs Ferry, NY 10522-1014	150	00	
4/2/19	Eleanor Gould 31 Brigham Woods Concord, MA 01742	100	00	
3/8/19	Sarah Hesche 70 Millett Rd Swampscott, MA 01907	250	00	Director of Development Pathways Inc. Lynn MA
3/27/19	Ann Koshiras 18 Heard Dr. Ipswich MA 01938	100	00	
4/1/19	Laraine Lippe 302 East 84th St Apt 4G New York, NY 10128	100	00	
3/28/19	Prudence Markos 18 Mill Rd Ipswich MA 01938	100	00	
3/12/19	Diane OBrien 14 Essex Ave Swampscott, MA 01907	100	00	
4/1/19	Elena Paskaleva 89 Brookhaven Ln Glenmont, NY 12077	100	00	
3/28/19	Albert and Sandra Titcomb 19 Newbury Rd Ipswich, MA 01938	500	00	Investment Advisor / Homemaker Ipswich Investment Management Ipswich
3/15/19	Mary Polly Titcomb 53 Burpee Rd Swampscott MA 01907	500	00	Associate Reilly + Rosnov, PC
Line 9: Total receipts in excess of \$50 (or listed above)		2600	00	
Line 10: Total receipts \$50 and under* (not listed above)		834	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3434	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.

**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	
4/19/19	Kerrera Consulting LLC	64 Fuller Ave Swampscott MA 01907	Advertising, media and printing services	2952	25 sch
			Line 12: Expenditures over \$50		
			Line 13: Expenditures \$50 and under*	105	11 sch
			Line 14: TOTAL EXPENDITURES	2057	36 105.11

\*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		
		Line 16: In-kind \$50 and under		
		<b>Line 17: Total In-kind</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
Enter on page 1, line 7		<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>		





Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04/13/2019 Ending Date: 05/20/2019

Type of Report: (Check one)

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

Mary Polly Titcomb  
Candidate Full Name (if applicable)  
Board of Selectmen  
Office Sought and District  
53 Burpee Rd Swampscott 09107  
Residential Address  
E-mail: polly.titcomb@gmail.com  
Phone # (optional): \_\_\_\_\_

The Committee to Elect Polly Titcomb  
Committee Name  
Sarah Hesch  
Name of Committee Treasurer  
53 Burpee Rd Swampscott, MA 0907  
Committee Mailing Address  
E-mail: polly.titcomb@gmail.com  
Phone # (optional): \_\_\_\_\_

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

3328.89

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

100.00

Line 3: Subtotal (line 1 plus line 2)

3428.89

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

2952.25

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

476.64

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

—

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

—

Line 8: Name of bank(s) used:

Salem Five Bank

RECEIVED  
TOWN CLERK  
TOWN OF SWAMPSCOTT  
MAY 29 PM 3 20

### 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: [Signature]

(Treasurer's signature)

Date: 5/29/19

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Mary Polly Titcomb

(Candidate's signature)

Date: 5/29/19

## 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.*

(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)
5/1/2019	Clarissa Green 2616 East 7th Ave Vancouver, BC V5M 1T5 CANADA	100.00	
Line 9: Total Receipts over \$50 (or listed above)		100.00	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		100.00	

\* 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)**[illegible]

\* 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.)

[illegible]

Line 12: Total Expenditures over \$50 (or listed above)

7952.25

Line 13: Total Expenditures \$50 and under\* (not listed above)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

2952.25

\* 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 B: EXPENDITURES (continued)**[illegible]

\* 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
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			<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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	