



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF BEVERLY
RECEIVED AND RECORDED
CITY CLERKS OFFICE

2019 OCT 28 P 3:53

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2019 Ending Date: 10/28/2019

Type of Report: (Check one)

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

Julie Rebecca Flowers
Candidate Full Name (if applicable)
City Councilor At-Large Beverly, MA
Office Sought and District
8 Munroe Street #2, Beverly, MA 01915
Residential Address
E-mail: julieforbeverly@gmail.com
Phone # (optional): (617) 692-0477

The Committee to Elect Julie Flowers
Committee Name
Jamie Engel
Name of Committee Treasurer
8 Munroe Street #2, Beverly, MA 01915
Committee Mailing Address
E-mail: julieforbeverly@gmail.com
Phone # (optional): (617) 692-0477

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	40.42
Line 2: Total receipts this period (page 3, line 11)	5,040
Line 3: Subtotal (line 1 plus line 2)	5,080.42
Line 4: Total expenditures this period (page 5, line 14)	4,633.04
Line 5: Ending Balance (line 3 minus line 4)	447.38
Line 6: Total in-kind contributions this period (page 6)	47.98
Line 7: Total (all) outstanding liabilities (page 7)	2733.72
Line 8: Name of bank(s) used:	Beverly 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: [Signature] (Treasurer's signature) Date: 10/28/19

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: [Signature] (Candidate's signature) Date: 10/28/19

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)
Jun 4, 2019	Rachael Abell, 19 Echo Ave, Beverly, MA	50	
Jul 16, 2019	Margaret Altman, 114 Water St, Beverly, MA	250	Office Management / Altman Distributing Co.
Aug 30, 2019	Karen Ansara, Essex, MA	1,000	Homemaker / None
Sep 8, 2019	Jim Bauer, 14 Ober St, Beverly, MA	100	Project Development / Self
May 29, 2019	Liz Ciampa, 16 Atlantic Ave, Beverly, MA	50	Self
Apr 1, 2019	Pamela Constantine, 7 Devon Ave, Beverly, MA	100	Program Director / Stephen Phillips Memorial Scholarship
May 29, 2019	Adam Costa, 23 Roderick Ave, Beverly, MA	50	Music Teacher / Beverly Public Schools
May 29, 2019	Denny Dart, 109 Hale St, Beverly, MA	50	Engineering Manager / USEPA
Jun 6, 2019	Kathleen Diina-Feldman, 20 Somerset Ave, Beverly, MA	50	Assistant Manager / Wenham Museum
May 29, 2019	Elizabeth Dobkowski, 101 Odell Ave, Beverly, MA	75	Editor / Self
Sep 17, 2019	Richard and Gail Donlon, 9 Oakmont Ave, Beverly, MA	50	Retired
6/5/19&8/20	Lindsay Ducharme	75	Insurance Agent / HUB
Line 9: Total Receipts over \$50 (or listed above)		4,220	
Line 10: Total Receipts \$50 and under* (not listed above)		820	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5,040	← 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)
4/1&10/20/19	Eleanor Flowers, 7 Lyman St, Beverly, MA	70	Retired
May 29, 2019	Walter Flowers, 7 Lyman St, Beverly, MA	250	Attorney / Self
	Elsa and Rod Forter, 168 Hale St, Beverly, MA	50	Retired
Jun 20, 2019	Lori Fresina, 7 Alfreton Rd, Needham Heights, MA	100	VP / American Heart Association
Jul 16, 2019	Morgen Gallo, 1 Berrywood Ln, Beverly, MA	50	Not employed
May 29, 2019	Bonnie Hannable, 96 Bisson St, Beverly, MA	75	Retired
Sep 2, 2019	Erin Hill, 129 Proctor Ave, Beverly, MA	150	Executive Director, ActBlue
May 1, 2029	Becky Holden, 3 Landers Dr, Beverly, MA	50	Not employed
May 29, 2019	James Davies, 241 Lothrop St, Beverly, MA	50	Retired
May 29, 2019	Jerry Parisella Committee, PO Box 3344, Beverly, MA	100	Candidate Committee for State Rep. Jerry Parisella
May 29, 2019	Julie Karaganis, 20 Old Town Rd, Beverly, MA	50	Bookstore Owner / Copper Dog Books
4/1&7/16	Heidi Keating, 49 Chase St, Danvers, MA	100	Buyer / Dole and Bailey
May 29, 2019	Nancy Lillydale, 12 Bates Park Rd, Beverly, MA	100	N/A
Line 9: Total Receipts over \$50 (or listed above)		4,220	
Line 10: Total Receipts \$50 and under* (not listed above)		820	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5,040	← 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
05/09/2019	Jenny Abarca	Facepaint Fantasy, Salem, MA	Deposit for Glitter Tattoo Artist for Campaign Kick-Off Event	200
05/09/2019	The Cabot	286 Cabot St, Beverly, MA	Campaign Kick-Off Event Location	400
06/04/2019	Coyne Creative (Leesa Coyne)	248 Somerville, Ave, Somerville, MA	Palm card updates/graphic design	125
06/04/2019	Maureen Cotton Photography	38 Ocean St, Beverly, MA	Campaign Kick-Off Photography	750
06/04/2019	Julie Flowers	8 Munroe St #2, Beverly, MA	Reimburse for Facepaint Balance	420
07/18/2019	Julie Flowers	8 Munroe St #2, Beverly, MA	Reimburse (partial) for marketing/graphic design payment to MM Constuling	146
08/06/2019	Julie Flowers	8 Munroe St #2, Beverly, MA	Reimburse (partial) for marketing/graphic design payment to MM Constuling	175
10/03/2019	Football Booster (BHS)		ad in ad booklet to support the team	75
09/23/2019	Marino's Cafe	100 Cummings Center, Beverly, MA	food for kick-off event	747.93
06/26/2019	MM Consulting	20 Larchmont Rd, Salem, MA	marketing management and graphic design	500
10/04/2019	Sully's Tees	119R Foster St, Building 4, Floor 3 Peabody, MA 01960	purchase of Georgia Made This Pride Pins for June fundraiser/ NAGLY support	100
09/18/2019	Todd's Sporting Goods	393 Cabot St, Beverly, MA	purchase of additional lawn signs/new banner	523.75
Line 12: Total Expenditures over \$50 (or listed above)				4,488.68
Line 13: Total Expenditures \$50 and under* (not listed above)				144.36
Line 14: TOTAL EXPENDITURES IN THE PERIOD				4,633.04

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
08/09/2019	Erin Waltz	6 Iverson Rd, Beverly, MA	Reimburse for purchase of campaign pins, bumper stickers, and signs	326
Line 12: Expenditures over \$50 (or listed above)			4,488.68	
Line 13: Expenditures \$50 and under* (not listed above)			144.36	
Line 14: TOTAL EXPENDITURES IN THE PERIOD			4,633.04	

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

Line 15: In-Kind Contributions over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed above)	47.98
Line 17: TOTAL IN-KIND CONTRIBUTIONS	47.98

Enter on page 1, line 6 →

* 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
10/06/2017	Eleanor Flowers	7 Lyman St., Beverly, MA	reimburse for cost of printed campaign signs that she picked up/paid for	210
10/09/2017	Julie Flowers	reimburse for cost of printed campaign signs that she picked up/paid for	reimburse for cost of printed campaign signs that she picked up/paid for	537.98
10/10/2017	Julie Flowers	8 Munroe St, #2, Beverly, MA 01915	reimburse cost of printing Dear Friend cards done by Scarlet Letter Press in Salem, MA	131.56
10/23/2017	Julie Flowers	8 Munroe St, #2, Beverly, MA 01915	reimburse cost of printing literature drop piece	169.94
10/18/2019	Julie Flowers	8 Munroe St, #2, Beverly, MA 01915	reimburse for growlers of beer purchased at Gentile Brewing Co. for Copper Dog Books event	72
10/18/2019	Julie Flowers	8 Munroe St, #2, Beverly, MA 01915	reimburse for cost of t-shirts purchased at Todd's Sporting Goods	250
07/14/1988/9/	Julie Flowers	8 Munroe St #2, Beverly, MA 01915	reimburse for amount paid to MM Consulting	1,250
10/20/2019	Erin Waltz	6 Iverson Rd, Beverly, MA 01915	reimburse for the cost of food and drinks for Copper Dog Books event	112.24
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	2,733.72

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)
Aug 7, 2019	Molly Lunn-Owen, 313 Walnut St #2, Manchester, NH	\$50.00	Dir. of Resource Development / Granite United Way
May 29, 2019	David Miedema, 10 Atlantic Ave, Beverly, MA	\$50.00	
May 8, 2019	Robert Mitton, 10 Goodyear St, Beverly, MA	\$50.00	
5/29/19&10/20/19	Matthew Nugent, 8 Vine St Unit 6, Beverly, MA	\$125.00	
Jul 16, 2019	Sarah Parker, 6 Magnolia St, Beverly, MA	\$50.00	
Jun 6, 2019	Maria Robinson, 560 Edgell Rd, Beverly, MA	\$50.00	
8/30&	Chris Sadkowski, 33 Bartlett St, Beverly, MA	\$100.00	
Jul 17, 2019	Robert Stoneham, 20 Whitney Ave, Beverly, MA	\$50.00	
May 4, 2019	Emily Sweet, 568 North St, Georgetown, MA	\$100.00	
Aug 30, 2019	John Thomson, 9 Thoreau Cir, Beverly, MA	\$50.00	
May 29, 2019	Lorinda Visnick, 39 Middlebury Ln, Beverly, MA	\$50.00	
Apr 2, 2019	Maureen VonZweck, 19 Yankee Way, Beverly, MA	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$4,220.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$820.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$5,040.00	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Apr 1, 2019	Doris-Ann Vosseler, 15 Mt Vernon St, Salem, MA	\$50.00	
Jul 16, 2019	Cathleen Warren, 11 Boyden Ave, Beverly, MA	\$50.00	
May 29, 2019	Jane Williams, 25 Bancroft Ave, Beverly, MA	\$100.00	
May 22, 2019	Mike Zwirko, 100 Derby Rd, Melrose, MA	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$4,220.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$820.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$5,040.00	← 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.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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.

	Date of Reimbursement:	06/04/2019
Name of Individual Being Reimbursed:	Julie Flowers	
Committee Name:	The Committee to Elect Julie Flowers	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
06/04/2019	Facepaint Fantasy	Salem, MA	reimburse for payment of balance owed to Facepaint Fantasy for kick-off event	\$420.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	420
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	420

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/28/2019

Please prepare a separate report for each reimbursement check issued by the committee.



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, Room 411
Boston, MA 02108
(617) 979-8300

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.

Date of Reimbursement:		07/18/2019
Name of Individual Being Reimbursed:	Julie Flowers	
Committee Name:	The Committee to Elect Julie Flowers	
CPF ID Number (if applicable):		Telephone Number (optional):


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
07/18/2019	MM Consulting	20 Larchmont Rd, Salem, MA	reimburse for partial payment amount to MM Consulting for marketing and graphic design work	\$146.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	146
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	146

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date: 10/28/2019

Please prepare a separate report for each reimbursement check issued by the committee.



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, Room 411
Boston, MA 02108
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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.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
08/06/2019	MM Consulting	20 Larchmont Rd, Salem, MA	reimburse for partial payment amount to MM Consulting for marketing and graphic design work	\$175.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	175
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	175

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



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, Room 411
Boston, MA 02108
(617) 979-8300

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.

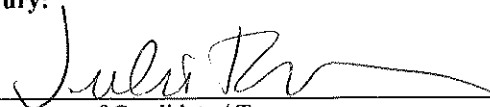
Date of Reimbursement:		08/09/2019
Name of Individual Being Reimbursed:	Erin Waltz	
Committee Name:	The Committee to Elect Julie Flowers	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
08/09/2019	Connolly Printing LLC	17 Gill St, Woburn, MA	reimburse for payment for campaign pins, bumper stickers, and signs	\$326.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	326
	Line 2: Expenditures \$50 or under (not itemized):	
	Line 3: TOTAL AMOUNT REIMBURSED:	326

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date: 10/28/2019

Please prepare a separate report for each reimbursement check issued by the committee.