



Commonwealth of Massachusetts

Form CPF 102ND : Campaign Finance Report  
Office of Campaign and Political Finance

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File with: Director

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

David A. Olson, CMC  
CPF ID#  
Newton, MA 02459

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 10 Date 28 Year 2013 Ending Month 12 Date 31 Year 2013

Type of report: (Check one)

8th day preceding primary  8th day preceding election  Year-end report  dissolution  30 days after special election

James R. Cote  
Full Name of Candidate  
ALDERMAN AT LARGE WARD 3  
Office Sought/District  
934 WATERLOO ST, NEWTON  
Residential Address 02465  
508 983 4535  
Tel. No. (optional)

Committee To Elect James Cote  
Committee Name  
Alisa Alvarez Cote  
Name of Committee Treasurer  
934 WATERLOO ST W NEWTON MA  
Committee Mailing Address 02465  
457 901 6855  
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1081.17  
Line 2: Total receipts this period (page 2, line 11) \$ 440.00  
Line 3: Subtotal (line 1 plus line 2) \$ 1521.17  
Line 4: Total expenditures this period (page 3, line 14) \$ 601.24  
Line 5: Ending balance (line 3 minus line 4) \$ 919.93  
Line 6: Total in-kind contributions this period (page 4) \$ 0  
Line 7: Total (all) outstanding liabilities (page 4) \$ 914.06  
Line 8: Name of bank(s) used Village Bank w Newton

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:

Treasurer's signature (in ink)

Date

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, and 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, and 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 (in ink)

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, CPF ID# 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)
10/30/13	STEVEN TORRES 73 CONG ST CONCORD, MA 01742	100.	00	
11/19/13	ANITA MEHTA 360 NEWBURY ST BOSTON, MA 02115	200.	00	INTERNET MARKETER SELF EMPLOYED
11/6/13	JAMES COLE PERSONAL LOAN	140.	00	
Line 9: Total receipts in excess of \$50 (or listed above)		440	00	
Line 10: Total receipts \$50 and under* (not listed above)			00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		440	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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
11/5/13	PRUDY PAB	EIM 50 W NEWTON, MA	VICTORY PRUDY	399	24
11/18/13	James COTE	934 WATERTOWN W NEWTON MA	LOAN REPAY	12	00
11/27/13	James COTE	934 WATERTOWN W NEWTON MA	LOAN REPAY	190	00
Line 12: Expenditures over \$50				654	24
Line 13: Expenditures \$50 and under*				12	00
Line 14: TOTAL EXPENDITURES				666	24

Enter on page 1, line 4

\* If you have itemized expenditures \$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
<b>Line 15: In-kind over \$50</b>				
<b>Line 16: In-kind \$50 and under</b>				
<b>Line 17: Total In-kind</b>				

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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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
11/4/13	JAMES COPE	934 WATERLOO W. NEWTON MA	LOAN	140.00
12/30/13	JAMES COPE	934 WATERLOO W. NEWTON MA	BALANCE PREVIOUS LN <sup>15</sup>	136.3
12/31/13	JAMES COPE	934 WATERLOO W. NEWTON MA	PURCHASED GOODS LIMIT	637.74
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				<b>914.04</b>

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.