Form CPF M 102:	Campaign Finance Report			
Mu Alexandrea Mu	nicipal Form			
Office of Ca	mpaign and Political Finance BOARD OF ELECTION COMPLEXINGES			
Commonwealth of Massachusetts	2012 OCL 28_P 1:13			
Fill in Reporting Period dates: Beginning Date: Apri	File with: City or Town Cleft of Election Commission 13, 2013 Ending Date: October, 18, 2013 I. M. How, MASS			
Type of Report: (Check one)				
Sth day preceding preliminary Sth day preceding election	30 day after election year-end report dissolution			
Ellen Gibson	Committee to Elect Ellen Gibson			
Candidate Full Name (if applicable)	Committee Name			
School Committee, Newton Ward 1	Sarah Ecker			
Office Sought and District	Name of Committee Treasurer			
41 Vernon Street, Newton, MA 02458	41 Vernon Street, Newton, MA 02458			
Residential Address	Committee Mailing Address			
Telephone Number (optional): (617) 527-2856	Telephone Number (optional): (617) 527-2856			
SUMMARY BALAN	CE INFORMATION:			
Line 1: Ending Balance from previous report	0			
Line 2: Total receipts this period (page 3, line 11) 4,241			
Line 3: Subtotal (line 1 plus line 2)	4,241			
Line 4: Total expenditures this period (page 5, line	ne 14) 3,094.23			
Line 5: Ending Balance (line 3 minus line 4)	1,146.77			
Line 6: Total in-kind contributions this period (p	age 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used: Village Bank, Newt	conville MA			
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: $M = 0.0000000000000000000000000000000000$				
A activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting the second seco	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period.			
Candidate without Committee <u>OR</u> 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:				
	· · · · · · · · · · · · · · · · · · ·			

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)
Aug 16, 2013	Barron, Laurence 11 Redwood Rd. Newton MA 02459	100	
Aug 28, 2013	Boucher, Phil and Andrea 50 West St. Newton MA 02458	100	
Aug 5, 2013	Carey, Anne 11 Rogers St. Newton MA 02458	100	
Jul 29, 2013	Forman, Jo 100 Lewis St. Newton MA 02458	100	
Sep 3, 2013	Gibson, Mary Jane 80 Depot Rd. Eastham MA 02642	150	
Apr 7, 2013	Gibson, Ellen 41 Vernon St. Newton MA 02458 (Loan to campaign)	200	At home, no employer
Aug 10, 2013	Goldfinger, Edward 20 Waterston Rd. Newton MA 02458	100	
Aug 13, 2013	Gould, Laurie 334 Franklin St. Newton MA 02458	75	
Aug 8, 2013	Hathaway, Martha 31 Waverley Ave Newton MA 02458	100	
Sep 12, 2013	Hills, Matthew 25 Hobart Rd. Newton Centre MA 02459	100	
Aug 15, 2013	Kharasch, Sigmund 18 Vernon St. Newton MA 02458	100	
Aug 19, 2013	Kusiak, Kurt 22 Ardmore Rd. West Newton MA 02465	100	,
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Rece	cipts \$50 and under* (not listed above)		
Line 11: TOTAL I	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.

Page 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Sep 2, 2013	Lannery, Brian and Bridget 31 Dorr Rd. Newton MA 02458	100	
Aug 21, 2013	Larner, Anne and Bob 68 Myrtle St. West Newton MA 02465	100	
Sep 4, 2013	Manley, Rebecca 35 Hyde Ave. Newton MA 02458	200	Teen coach/counselor, Self-employed
Oct 15, 2013	Manning, Karen 59 Kirkstall Rd Newton MA 02460	75	
Aug 5, 2013	McDonagh, Marian and Tom 1 Valley Spring Rd. Newton MA 02458	100	
Aug 17, 2013	Null, Amy and Andrew Budson 11 Linder Ter. Newton MA 02458	250	Attorney, Wilmer Hale
Oct 11, 2013	Simmons, Una 12 Willard St. Newton Corner MA 02458	150	
Aug 20, 2013	Steiner, Rebecca 13 Carstead Dr. Slingerlands NY 12159	100	
Sep 9, 2013	Tracy, Susan 44 Jameson Rd. Newton MA 02458	100	
Aug 14, 2013	Vitagliano, Ken and Nancy McCann 77 Pembroke St. Newton MA 02458	100	
Aug 16, 2013	Wallace, Ann 29 Pinckney St. Boston MA 02114	150	
Line 9: Total Receipts over \$50 (or listed above)		2,750	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	1,491	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	4,241	← 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
		Audi (55)		
Oct 18, 2013	Ellen Gibson		See attached Form CPF R 1: Itemization of Reimbursements	3,081.7
				[
				<u> </u>
				L
Line 12: Total Expenditures over \$50 (or listed above)		3,081.7		
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	12.53
Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD 3,094.23				

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

Date Paid	To Whom Paid (alphabetical listing)	Address	Deserves of Ferroral Manage	
	(alphabetical listing)	Auuress	Purpose of Expenditure	Amount
	анал тични из во актана какада и напаста ил устични се синализи особа и напаста Посто посто се состава се состава и посто се состава и посто се состава и посто се состава и посто се состава и	2019 - 2019		
				[]
[]				
	9	2010 - 1010 - 1010 - 1010 - 1010 - 1010 - 2010		
I				
	2000-2000-212-2000-2010-2010-2010-2010-	2010 1 2	The second s	
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

SCHEDULE B: EXPENDITURES (continued)

* 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.

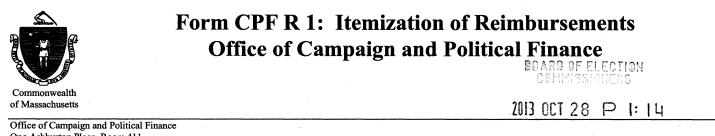
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	1997 I I I I I I I I I I I I I I I I I I			
			Partners - 2010	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS		

* 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
			[
Land and a second sec	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0



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

NEWTON, MASS

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:	October 18, 2013
Name of Individual Being Reimbursed:	Ellen Gibson		
Committee Name:	Committee to Elect Ellen Gibson		
CPF ID Number (if applicable):		Telephone Number (optional):	(617) 527-2856

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Apr 8, 2013	Markey for Senate	P.O. Box 290782 Charlestown, MA 02129	Ticket to campaign event	\$200.00
Apr 8, 2013	Global Education Leadership Fund	c/o Newton Schools Foundation 100 Walnut St. Newton, MA 02460	Ticket to local school event	\$132.24
Jun 20, 2013	CTE Chris Steele	702 Chestnut St. Newton, MA 02468	Ticket to campaign event	\$100.00
Jun 27, 2013	CTE Setti Warren	P.O. Box 600095 Newton, MA 02460	Ticket to campaign event	\$100.00
Jul 27, 2013	Staples	899 Boylston St. Boston, MA 02115	Printing envelopes, letters and palm cards	\$1,215.53
	(Include items listed on Page 2) →	ems listed on Page 2) \longrightarrow Line 1: Expenditures in excess of \$50 (itemized above):		2,803.9
		Line 2: Expenditures \$50 or under (not itemized):		277.8
		Line 3: TOTAL AMOUNT REI	MBURSED:	3,081.7

Signed under the penalties of perjury:	
fri.k	Date: Oct 18, 2013
Signature of Candidate / Treasurer	

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

.>

- 1

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Aug 3, 2013	Staples	899 Boylston St. Boston, MA 02115	Printing letters and palm cards	\$510.82
Oct 7, 2013	Artworx	83 East Water St. Rockland, MA 02370	Printing lawn signs	\$345.31
Apr 7, 2013	CTE Ellen Gibson	41 Vernon St. Newton, MA 02458	Initial PayPal deposit	\$200.00
Page 2 Total (add to Line 1 on Page 1): \$1,056.13				\$1,056.13