



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

2013 DEC - 4 A
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10-18-13 Ending Date: 11-25-13

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Andrea Steenstrup
Candidate Full Name (if applicable)
School Committee, Newton (Ward 2)
Office Sought and District
21 Kimball Terrace, Newton MA 02460
Residential Address
Telephone Number (optional):

Committee to Elect Andrea Steenstrup
Committee Name
Marcia Tabenken
Name of Committee Treasurer
21 Kimball Terrace, Newton, MA 02460
Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$5,197.63
Line 2: Total receipts this period (page 3, line 11)	1,540
Line 3: Subtotal (line 1 plus line 2)	\$6,737.63 ^{+410.16}
Line 4: Total expenditures this period (page 5, line 14)	\$6,838.44
Line 5: Ending Balance (line 3 minus line 4)	309.35
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$1,559.75
Line 8: Name of bank(s) used:	<u>Village Bank, Paypal</u>

Last report Schedule B included \$410.16 of expenses which actually had not yet been paid but were instead included in reimbursement for current period

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.A. [Signature] (Treasurer's signature) Date: 12/3/13

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: [Signature] (Candidate's signature) Date: 12/3/13

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)
	See attached		
Line 9: Total Receipts over \$50 (or listed above)		800	
Line 10: Total Receipts \$50 and under* (not listed above)		740	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,540	← 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 10/18/13-11/25/13

Receipts over \$50

Deposit date	Donor	Residential Address				Amount
10/19/13	Jeff Behrens	48 Wilde Road	Waban	MA	02468	\$150
11/25/13	Committee to Elect Ruth Goldman	119 Lincoln St.	Newton	MA	02461	\$100
10/22/13	Mary Kathryn Fallon	10 Worth Circle	Newton	MA	02458	\$75
11/19/13	Nathan S. Gibson	41 Vernon St.	Newton	MA	02458	\$100
11/7/13	Marion Golin	178 Prince St.	Newton	MA	02465	\$75
11/7/13	Elizabeth Richardson	55 Mossfield Rd.	Newton	MA	02468	\$100
11/8/13	Ginger Stolzenhaler	9 Clafin Place	Newton	MA	02460	\$100
11/7/13	Joshua Weiss	62 Gammons Rd.	Newton	MA	02468	\$100
Total Receipts over \$50						\$800
Total Receipts \$50 and Under						\$740
Total Receipts						\$1,540

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
		See attached		

Line 12: Total Expenditures over \$50 (or listed above)	6,781.97
Line 13: Total Expenditures \$50 and under* (not listed above)	56.47
Line 14: TOTAL EXPENDITURES IN THE PERIOD	6,838.44

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 10/18/13-11/25/13

<u>Date Paid</u>	<u>To Whom Paid</u>	<u>Address</u>	<u>Purpose of Expenditure</u>	<u>Amount</u>
1-Nov	Blue Front Telecom Group	62B Commercial Wharf, Boston MA 02110	Robo-call	\$586.85
20-Oct	Maureen Precopio Design	20 Newell Rd., Newton, MA 02466	postcard mailer design	\$162.50
25-Nov	Steenstrup, Andrea	21 Kimball Terrace, Newton MA 02460	Reimbursement for expenses	\$6,032.62
Total Expenditures over \$50				\$6,781.97
Total Expenditures \$50 and under				\$56.47
Total Expenditures				\$6,838.44

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)	—
Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

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.



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: 11/25/13
Name of Individual Being Reimbursed: Andrea Steenstrup	
Committee Name: Committee to Elect Andrea Steenstrup	
CPF ID Number (if applicable): 	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/25/13	See attached			

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	5,925.87
	Line 2: Expenditures \$50 or under (not itemized):	106.75
	Line 3: TOTAL AMOUNT REIMBURSED:	6,032.62

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 11/25/13

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

Form CPF R1: Itemization of Reimbursements

<u>Date Paid</u>	<u>Name and Address</u>	<u>Address</u>	<u>Purpose of Expenditure</u>	<u>Amount</u>
9/21/13	National Lumber	15 Needham St., Newton MA 02461	Sticks for signs	\$77.03
11/3/13	Nurturing Minds	PO Box 144, Valley Forge PA 19481	Ad	\$75.00
10/12/13	Party City	1660 Soldiers Field Rd., Brighton MA 02135	Bubbles	\$122.18
10/22/13	Signal Graphics Printing	441 Centre St., Newton MA 02458	Printing	\$100.94
9/13/13	Signal Graphics Printing	441 Centre St., Newton MA 02458	Palm cards	\$116.88
9/26/13	Signal Graphics Printing	441 Centre St., Newton MA 02458	Palm cards	\$223.13
10/7/13	Signal Graphics Printing	441 Centre St., Newton MA 02458	Palm cards	\$180.63
10/24/13	Staples	899 Boylston St., Boston MA 02115	Postage for mailer	\$2,737.78
10/26/13	Staples	899 Boylston St., Boston MA 02115	Mailer printing	\$2,156.66
11/2/13	U.S. Post Office	897 Washington St., Newtonville MA 02460	Postage	\$82.50
10/24/13	Winston Flowers	11 Florence St., Chestnut Hill MA 02467	Flowers	\$53.14
TOTAL EXPENDITURES IN EXCESS OF \$50				\$5,925.87
TOTAL EXPENDITURES \$50 AND UNDER				\$106.75
TOTAL AMOUNT REIMBURSED				\$6,032.62



Form CPF R 1: Itemization of Reimbursements

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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: 11 2 13
Name of Individual Being Reimbursed: Marcia Tabenken	
Committee Name: Committee to Elect Andrea Steenstrup	
CPF ID Number (if applicable): 	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	—
Line 2: Expenditures \$50 or under (not itemized):	\$23.65
Line 3: TOTAL AMOUNT REIMBURSED:	\$23.65

Signed under the penalties of perjury:

M. A. Tabenken

[Signature]

Signature of Candidate / Treasurer

Date: 12 | 3 | 13

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

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
11/02/13	Staples	899 Baylston St. Boston, MA 02115	leaflets	\$1559.75
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1,559.75