



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning January 1 2007 Ending March 31 2007

**Type of report: (Check one)**

8th day preceding preliminary  <sup>15 day</sup> 8th day preceding election  30 day after election  year-end report  dissolution

JULIUS B LEVINE

Full Name of Candidate (if applicable)

**Office Sought and District**

40 Williams St, Brookline MA

Residential Address

02446

Tel. No. (optional)

Julius Levine Committee

Committee Name

Robert Levine MD

Name of Committee Treasurer

40 Williams Street

Committee Mailing Address

Brookline, MA 02446

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 0

Line 2: Total receipts this period (page 2, line 11) \$ 0

Line 3: Subtotal (line 1 plus line 2) \$ 0

Line 4: Total expenditures this period (page 3, line 14) \$ 32

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

Line 6: Total in-kind contributions this period (page 4) \$ 0

Line 7: Total (all) outstanding liabilities (page 4) \$ approx 958.00

Line 8: Name of bank(s) used CITIZENS

**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

**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:

Candidate signature (in ink)

Date

4/17/07





### 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	
			Line 17: Total In-kind	0

\* 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.

Dates Incurred	To Whom Due	Address	Purpose	Amount
<del>1995</del> 3 approx 1986 to				
<del>1999</del>				
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	<del> </del> approx \$58,000



# Form CPF 102ND : Campaign Finance Report

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: Director

Office of Campaign and Political Finance

One Ashburton Place

Boston, MA 02108

(617) 727-8352

CPF ID# \_\_\_\_\_

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning January <sup>Month</sup> 1 <sup>Date</sup> 2007 <sup>Year</sup> Ending April <sup>Month</sup> 16 <sup>Date</sup> 2007 <sup>Year</sup>

**Type of report: (Check one)**

8th day preceding primary  15<sup>th</sup> day preceding election  year-end report  dissolution  30 days after special election

Jesse Mermell

Full Name of Candidate

Selectman - Brookline

Office Sought/District

149 Winthrop Rd. #8

Residential Address

Brookline, MA 02445

Tel. No. (optional)

The Ck. to Elect Jesse Mermell

Committee Name

Joanna Sullivan

Name of Committee Treasurer

149 Winthrop Rd. #8

Committee Mailing Address

Brookline, MA 02445

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>1240.21</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>11521.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>12,761.21</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>4656.02</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>8,111.19</u>
-----	
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>2000.00</u>
Line 8: Name of bank(s) used	<u>Brookline Bank</u>

**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)

[Signature]

Date

4/17/07

**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)

[Signature]

Date

17 April, 2007

**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)
1/9/2007	Michael Burstein PO Box 1713 Brookline, MA 02416	25 00	
3/27/2007	Donna Hamill 450 Alder Rd. Honesdale, PA 18431	100 00	
4/1/07	Rachel Goodman 40 Stetson St. #5 Brookline, MA 02446	30 00	
4/4/07	Mary Field 6 Beacon Rd #5 Dana Point, CA 92620	250 00	President, Mary Field Assoc.
4/4/07	Jan Rose 47 Allen Place #3 Brookline, MA 02446	50 00	
4/6/07	Willie Mae Allen 85 Dewing Rd. Methuen, MA 02454	50 00	
4/6/07	James Roosevelt 14 Meadow Way Cambridge, MA 02138	100 00	
4/10/07	Jonathan Margolis 49 Harvard Ave. Brookline, MA 02446	100 00	
4/10/07	Glenn Larson 30 Main St. Yarmouth Port, MA 02075	150 00	
4/10/07	Donna Kelleys 44 Circuit Rd. Chastnut Hill, MA 02467	100 00	
4/7/07	Barbara Scott 20 Crowninshield Rd Brookline, MA 02446	25 00	
4/10/07	Amb. Susan Hunt 168 Brattle St. Cambridge, MA 02138	500 00	Principal, Hunt Alternatives Fund
4/10/07	Sarah Peake 7 Center St. Provincetown, MA 02657	50 00	
4/6/07	William Egler 2001 Beacon St. #203 Brighton, MA 02135	50 00	
4/9/07	A. Joseph Ross 648 Washington St. Brookline, MA 02446	50 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1630 00	
Line 10: Total receipts \$50 and under* (not listed above)		930 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		11,521 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

*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)
3/11/07	Susan Houston 1258 Beacon St. #8 Brookline MA 02116	25	00	
3/10/07	Anthony Andreadis 657 Heath St. Christchurch, MA 02147	50	00	
2/27/07	Ch. to Elect Andrew Fischer 21 Barthelemy Cr. Brookline, MA 02146	200	00	
2/27/07	Sally Telaga 130 Beech Grove Rd. Honesdale, PA 18431	100	00	
2/27/07	Wendy Medley 224 Aspinwall Ave. Brookline, MA 02146	50	00	
2/27/07	Joel Shreid 204 Lancaster Terr. Brookline, MA 02146	25	00	
2/23/07	John Buonanno St. Anthonys Rd. Norton, MA 02445	100	00	
2/24/07	Ch. to Elect Marty Walz 250 Commonwealth Ave. Boston, MA 02116	50	00	
2/26/07	Barbara Savel 331 Marlboro St Brookline, MA 02146	100	00	
2/25/07	Marcia Heist 41 Centre St. #105 Brookline MA 02146	100	00	
2/20/07	Ann Murray 65 Helen St. Waltham, MA 02452	200	00	VP O'Neill and Assoc.
3/10/07	Nathaniel Slight 1569 Beacon St. #5-3 Brookline, MA 02146	500	00	Attorney DLA Piper
2/22/07	David Leibstein 369 Columbia St. #3 Cambridge MA 02141	500	00	Attorney Weil, Gotshal & Manges
2/21/07	Betsy Shore Cross 25 Edgemoor Rd Brookline MA 02145	100	00	
2/21/07	Werni Lohr 25-Setisbury Rd Brookline, MA 02146	100	00	
<b>Line 9: Total receipts in excess of \$50 (or listed above)</b>		2200	00	
<b>Line 10: Total receipts \$50 and under* (not listed above)</b>				
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>				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

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)
3/11/07	Alice Wolf 48 Haren Ave. Cambridge, MA 02138	100 00	
3/8/07	Thomas Hentikos, Jr. 109 Salmon St W. Roxbury MA 02132	125 00	
3/11/07	Frank Furlow 8 Boston St Brookline, MA 02146	50 00	
3/11/07	Elizabeth Lwin 48 Appleton St. Boston, MA 02116	100 00	
3/7/07	Ayanna Presley 300 Massachusetts St. #2 Boston MA 02116	75 00	
3/11/07	Christine Westphal 31 Hurd Rd. Brookline, MA 02445	200 00	Professor <del>Brookline College</del>
2/26/07	Loiraine Standish 185 Hays St. Brookline, MA 02146	50 00	
3/11/07	Raymond Wise 185 Pleasant St #2 Brookline MA 02146	100 00	
3/11/07	Glenn Cunha 311 Clark Rd. Brookline, MA 02145	100 00	
3/10/07	Joseph Geller 211 Winchester St. Brookline, MA 02146	50 00	
3/11/07	Chad Jackson 39 Chestnut St. #3 Boston, MA 02106	100 00	
3/11/07	Nancy Daly 101 Ransom Rd. Brookline, MA 02445	300 00	Self-employed attorney
3/11/07	Nancy Farrell 27 Willow Crescent Brookline, MA 02145	75 00	
3/10/07	Gilbert Hoy 225 Reservoir Rd. Chestnut Hill, MA 02467	50 00	
3/8/07	Joy Ann Chiodi 69 Forest St. #335 Medford, MA 02155	200 00	Policy Tufts Health Plan
Line 9: Total receipts in excess of \$50 (or listed above)		1675 00	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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.

## 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)
3/6/07	Bruce Cohen 289 Tappan St. Brookline, MA 02445	50	00	
3/6/07	Harry Margolis 100 Clark Rd Brookline, MA 02445	50	00	
3/8/07	Barbara Dugan 8 Walnut St #1 Brookline, MA 02445	25	00	
3/10/07	Betsy Fisher Rowen 6 Holbrook St. #1 Dorchester Plc 2, MA 02130	100	00	
3/10/07	Catherine Conway Anderson 106 Davis Ave. Brookline, MA 02446	35	00	
3/10/07	Mary Sullivan 31 Brighton Rd. Brookline, MA 02445	50	00	
3/11/07	Julia Johnson 42 Russell St. Brookline, MA 02446	100	00	
3/11/07	Elizabeth Goldstein 60 Perry St. Brookline, MA 02446	50	00	
3/11/07	Jones R. Lay 82 Spain St. Needham, MA 01946	100	00	
3/11/07	Martin Rosenthal 62 Columbus St #2 Brookline, MA 02446	100	00	
3/11/07	Amy Buchanan Madge 36 Hancock St. Boston, MA 02114	100	00	
3/11/07	Katrina Anderson 120 Rockland St. Quincy, MA 02169	100	00	
3/11/07	Cindy Rowe 93 Eliot St. Chester Hall, MA 02107	35	00	
3/11/07	Catherine Cavell 27 Monmouth St. Brookline, MA 02446	100	00	
3/10/07	Amy Schuchman 454 Washington St. Brookline, MA 02446	100	00	
<b>Line 9: Total receipts in excess of \$50 (or listed above)</b>		1095	00	
<b>Line 10: Total receipts \$50 and under* (not listed above)</b>				
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>				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

*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)
3/5/07	Edward Greer <del>200</del> 63 Buckingham Rd. Brookline, MA 02444	100	00	
3/4/07	Denms Geller 8 Thayer Pl. Brookline, MA 02445	25	00	
3/11/07	Deborah Goldberg 37 Hyslop Rd Brookline, MA 02445	100	00	
2/23/07	Betsy Turlin 88 Columbus St. Brookline, MA 02446	36	00	
3/5/07	Steven Pratt-Orth 185 Davis Ave Brookline, MA 02445	50	00	
3/3/07	Vivian Goldman 14 Conant Rd. Chestnut Hill, MA 02467	50	00	
3/6/07	Gregg Shapiro 30 Francis St. Brookline, MA 02446	50	00	
3/3/07	Jonathan Grand 120 Beacons Field Rd. #14 Brookline, MA 02445	25	00	
3/5/07	Karen Kelly 35 Russell St. Brookline, MA 02446	50	00	
3/4/07	Mark Salzone Committee to Honor Dr. Saugus, MA 01906	100	00	
3/5/07	Margaret Xiparas 34 Piney Pt. Rd Malden, MA 02738	100	00	
3/6/07	Evelyn Roll 25 Adams St. Brookline, MA 02446	20	00	
3/6/07	Stephen Karas 89 Carlton St. Brookline, MA 02446	50	00	
3/4/07	Margaret Allen 100 Beechwood Dr. Honesdale, PA 18431	80	00	
3/8/07	Judy Meyers 75 Clinton Rd Brookline, MA 02445	100	00	
<b>Line 9:</b>	<b>Total receipts in excess of \$50 (or listed above)</b>	<b>936</b>	<b>00</b>	
<b>Line 10:</b>	<b>Total receipts \$50 and under* (not listed above)</b>			
<b>Line 11:</b>	<b>TOTAL RECEIPTS IN THE PERIOD</b>			<b>Enter on page 1, line 2</b>

\* 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

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)
3/31/07	Craig Bolton 127 Fuller St. Brookline, MA 02446	50	00	
3/31/07	Anders Rasmussen 15 Linden St #1 Brookline, MA 02445	100	00	
3/22/07	Ch. Ch. Wu 14 Madison Terr. Brookline, MA 02446	100	00	
3/21/07	Margaret Santuric 98 Crown nstr.-ld Rd. Brookline, MA 02446	25	00	
3/22/07	Susan Cohen 31 Russell St. Brookline, MA 02446	100	00	
3/13/07	Robert Baule 40 Williams St. Brookline, MA 02446	250	00	Real Estate Self
3/15/07	Barbara Lee 131 Mt. Auburn St. Cambridge, MA 02138	500	00	Self employed philanthropic activities
3/15/07	Elizabeth Kennedy <del>42 Beacon St.</del> 42 Beacon Field Rd. Brookline, MA 02445	100	00	
3/14/07	Richard Rosen 20 Marshall St. Brookline, MA 02446	25	00	
3/4/07	Rebecca Stone 71 Tuxis St. Brookline, MA 02446	100	00	
3/3/07	Eleanor Clarkson 227 Fuller St. Brookline, MA 02446	25	00	
3/21/07	Shirley Radio 41 Centre St. #405 Brookline, MA 02446	15	00	
3/17/07	Kathleen Ames 27 Walnut Place Brookline, MA 02445	100	00	
3/10/07	Mary Wong 120 Steadman St. Brookline, MA 02446	50	00	
3/18/07	William Coughlin Seymour St. Brookline, MA 02446	25	00	
<b>Line 9:</b>	<b>Total receipts in excess of \$50 (or listed above)</b>	<b>1565</b>	<b>00</b>	
<b>Line 10:</b>	<b>Total receipts \$50 and under* (not listed above)</b>			
<b>Line 11:</b>	<b>TOTAL RECEIPTS IN THE PERIOD</b>			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 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
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
<b>Line 17: Total In-kind</b>				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 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
4/27/06	Jesse Mermell	149 Winthrop Rd. #8 Brookline, MA 02115	loan	2000.00
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				2000.00

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.