

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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08 58

Fill in Reporting Period	dates: Beginning Date:	Janua	ry 1, 201	6	Ending Date:	Dec 31, 2016		
Type of Report: (Check	one)		· · · · · · · · · · · · · · · · · · ·	*				· · · · · · · · · · · · · · · · · · ·
8th day preceding prelimi	,	tion [] 30 day	after	election 🗵 y	ear-end report	diss	solution
E. Thomas Donnelly			Commi	ttee t	o Elect Tom Donne			
Candidate	Full Name (if applicable)					nittee Name		
Councillor At Large			Joanne	l Doi				·
Office	Sought and District				· · · · · · · · · · · · · · · · · · ·	mmittee Treasurer	····	
1197 Main Street, Fitchburg,	MA 01420		1197 M	ain Si	treet, Fitchburg, M			
Re	sidential Address		[Mailing Address		
Telephone Number (optional):	(978) 342-1122		Telephone	Numb	er (optional):	(978) 342	2-1122	
	SUMMARY BAL	ANCE	INFO	RM A	ATION:			
Line 1: End	ing Balance from previous repor					230.9		
<u> </u>	al receipts this period (page 3, lin		l I			230.9	3	
2. 100	rreceipts this period (page 3, im	le 11)	l				의	
Line 3: Subt	total (line 1 plus line 2)					230.9	3	
Line 4: Tota	l expenditures this period (page	5, line	14)			(0	
Line 5: Endi	ng Balance (line 3 minus line 4))				230.9:	3	
Line 6: Total	l in-kind contributions this perio	d (page	6)			(
Line 7: Total	l (all) outstanding liabilities (pag	șe 7)				30,200		
Line 8: Name	e of bank(s) used: Rollstone Bank	and Tru	ıst					
inance activity of all persons acting un	7 /	ttee in acco	ordance with	a mabi	belief, a true and complities for this reporting papers of M.G.L. (Treasurer's signature)	period and represent c. 55.	s the campa	nign
Candidate with Committee and r I certify that I have examined this r activity, of all persons acting under	no activity independent of the committee report including attached schedules and it is, the authority or on behalf of this committee ry expenditures on my behalf during this rep	to the best	t of my know	wledge e requ	and belief, a true and cirements of M.G.L. c. 5	complete statement of 5. I have not receive	of all camps red any con	nign finance tributions,
Candidate without Committee O	R Candidate with independent activity fill eport including attached schedules and it is, tions, loans, receipts, expenditures, disburser sons acting under the authority or on behalf	ing separa	te report	utions/ ccorda			represents t	the

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)
			·
ne 9: Total Receipts	s over \$50 (or listed above)	0	
ne 10: Total Receipt	s \$50 and under* (not listed above)	0	
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	0	← 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)	
. 0.75				
	s over \$50 (or listed above)	0		
ine 10: Total Receip	ts \$50 and under* (not listed above)	0		
ine 11: TOTAL RE	CEIPTS IN THE PERIOD	0	← 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.)

port all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Line 12: Total Expenditures ov	er \$50 (or listed above)		
Time 12. Total Expenditures ever 450 (or fision above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
		I 14 TOTAL EVDENDED	TIDES IN THE DEDIAD		
Enter on page 1, line 4 Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 14: TOTAL EXPENDITURES IN THE PERIOD					

^{*} 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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date 1 and	(mpanoexen asong)			
		Line 12: Expenditures over \$50	0 (or listed above)	0
		Line 13: Expenditures \$50 and	under* (not listed above)	0
	Tuton on maga 1 1ing 4 ->	Line 14: TOTAL EXPENDIT		0
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXITERDIT		L

^{*} 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)			
Enter on page 1, line 6 → 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.

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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
9/29/99	E. Thomas Donnelly	149 Prospect Street, Fltchburg	Loan	\$9,500.00
8/21/03	E. Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$200.00
10/21/03	E. Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$300.00
1./26/04	E.Thomas Donnelly	149 Prospect Street, Fltchburg	Loan	\$1,520.00
10/06/04	E.Thomas Donnelly	149 Prospect Street, Fltchburg	Loan	\$2,000.00
10/31/05	E.Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$1,500.00
	E.Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$5,000.00
10/25/07	E.Thomas Donnelly	149 Prospect Street, Fitchburg	Loan	\$10,000.00
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	