



Form CPF M 102: Campaign Finance Report
Municipal Form
 Office of Campaign and Political Finance

FITCHBURG CITY CLERK

File with:
 City or Town Clerk or Election Commission

15 OCT 20 10 06

Please print or type all information, except signatures.

Fill in dates:
 Reporting Period Beginning Jan 1 2015 Ending Oct 15 2015

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

Stephen Hay
 Full Name of Candidate (if applicable)
Councilor at Large
 Office Sought and District
30 Shawwa St. Fitchburg
 Residential Address
978-348-1263
 Tel. No. (optional)

Committee to Elect Stephen Hay
 Committee Name
Cynthia Hay
 Name of Committee Treasurer
30 Shawwa St. Fitchburg
 Committee Mailing Address
978-348-1263
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 542.25
 Line 2: Total receipts this period (page 2, line 11) \$ 3,210.00
 Line 3: Subtotal (line 1 plus line 2) \$ 3,752.25
 Line 4: Total expenditures this period (page 3, line 14) \$ 2,425.19
 Line 5: Ending balance (line 3 minus line 4) \$ 1,327.06
 Line 6: Total in-kind contributions this period (page 4) \$ 0
 Line 7: Total (all) outstanding liabilities (page 4) \$ 0
 Line 8: Name of bank(s) used I.C Credit Union

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

10-20-15

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 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)
9-22	Ron Burchard	100	00	
9-22	Steve DiNatale	100	00	
9-30	Marty Maynard	100	00	
9-30	Jim Connors	100	00	
10-4	Dave McGibbon	100	00	
10-4	Firefighters Assc	500	00	
10-14	Mike Donnelly	100	00	
10-14	Larry Brandon	200	00	
10-14	Bill McSheehy	100	00	
10-14	John Zarsella	100	00	
9-2	Ray Davin	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		1,400	00	
Line 10: Total receipts \$50 and under* (not listed above)		1,610	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,210	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 and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
6-10-15	Caulerys		Island Flowers	79	53
6-19-15	Post Office		Stamps	196	00
6-30-15	FHS Boosters		Calf Hide Spongers	100	00
9-15-15	Staplers		Labels, Envelopes	81	77
10-3-15	Caulerys		Island Flowers	83	41
10-7-15	Sentinel		Adds	1,172	00
10-7-15	WPKZ		Adds	600	00
Line 12: Expenditures over \$50				2,312	71
Line 13: Expenditures \$50 and under*				112	48
Line 14: TOTAL EXPENDITURES				2,425	19

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 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.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	0