



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form CITY CLERK'S OFFICE

Office of Campaign and Political Finance LEOMINSTER, MA

2015 JAN 2 PM 12 09

File with:
City or Town Clerk or Election Commission

1/2/2015

Reporting Period - Beginning: 1/1/2014 Ending: 12/31/2014

Type of report: Year-end

| | |
|--------------------------------|---|
| Mark Bodanza | Committee to Elect Mark C. Bodanza |
| <i>Full Name of Candidate</i> | <i>Committee Name</i> |
| City Councillor Ward 4 | David Bodanza |
| <i>Office Sought/ District</i> | <i>Name of Committee Treasurer</i> |
| 23 Kendall Hill Road | 36 School Street |
| Leominster, MA 01453 | Leominster, MA 01453 |
| <i>Residential Address</i> | <i>Committee Address</i> |

SUMMARY BALANCE INFORMATION

| | |
|---|-----------------|
| Ending Balance from previous report: | \$4,349.95 |
| Total receipts this period: | \$0.00 |
| Subtotal: | \$4,349.95 |
| Total expenditures this period: | \$0.00 |
| Ending Balance: | \$4,349.95 |
| Total inkind contributions this period: | \$0.00 |
| Total outstanding liabilities: | \$0.00 |
| Name of bank(s) used: | Bank of America |

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, inkind 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)

January 2, 2015

Date

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, inkind 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.

| Date | Name and Residential Address | Amount | Occupation and Employer |
|------|------------------------------|--------|-------------------------|
| | Total Itemized Receipts | \$0.00 | |
| | Total Unitemized Receipts | \$0.00 | |
| | Total Receipts | \$0.00 | |

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 over \$50 and under may be added together from committee records, and reported on line 13.

| Date | Name and Address | Amount | Purpose |
|------|-------------------------------|--------|---------|
| | Total Itemized Expenditures | \$0.00 | |
| | Total Unitemized Expenditures | \$0.00 | |
| | Total Expenditures | \$0.00 | |

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

| Date | Name and Residential Address | Value | Description Occupation/Employer |
|------|---------------------------------------|--------|------------------------------------|
| | Total Itemized Inkind Contributions | \$0.00 | |
| | Total Unitemized Inkind Contributions | \$0.00 | |
| | Total Inkind Contributions | \$0.00 | |



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

CITY CLERK'S OFFICE
LEOMINSTER, MA

Fill in dates:

Reporting Period Beginning 1 / 1 / 2014 Ending 12 / 20 / 2014

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Donna J. Ciccone

Full Name of Candidate (if applicable)

Ward 3 School Committee

Office Sought and District

164 Overlook Dr

Residential Address

Leominster, MA 01453

978 5340561 Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|------------------|
| Line 1: Ending balance from previous report | \$ <u>0</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>0</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>0</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>0</u> |
| ----- | |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>897.52</u> |
| Line 8: Name of bank(s) used | _____ |

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)

NA

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)

Donna J. Ciccone

Date

1/20/2015

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 | | | | |
| Line 16: In-kind \$50 and under | | | | |
| Line 17: Total In-kind | | | | |

Enter on page 1, line 6

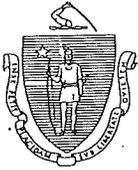
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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 |
|---|---|--|-------------------|---------------|
| 10/5/11 | Donna Ciccone | 164 Overlook Dr Leominster MA | Signs | 532.71 |
| 10/7/11 | Donna Ciccone | 164 Overlook Dr Leominster MA | bumper stickers | 121.78 |
| 9/7/13 | Donna Ciccone | 164 Overlook Dr Leominster MA | re-elect stickers | 171.32 |
| 10/31/13 | Adrienne Spiccone Donna Ciccone | 134 Main St 164 Overlook Dr Leominster MA 01453 | re-elect decals | \$ 71.71 |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | 897.52 |

Enter on page 1, line 7



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

2015 JAN 12 AM 8 49

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

| Reporting Period Beginning | Month | Date | Year | Ending | Month | Date | Year |
|----------------------------|-------|------|------|--------|-------|------|------|
| | 01 | 01 | 2014 | | 12 | 31 | 2014 |

Type of report: (Check one)

8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

David R Cormier
Full Name of Candidate (if applicable)

Ward 3 City Council
Office Sought and District

9 Deer Run Rd Leominster
Residential Address MA 01453

978-466-9666
Tel. No. (optional)

Committee to elect David R Cormier
Committee Name

Christine M Souter
Name of Committee Treasurer

9 Deer Run Road Leominster MA
Committee Mailing Address MA 01453

978-466-9666
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|--------------------------------|
| Line 1: Ending balance from previous report | \$ <u>(1075.43)</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>(1075.43)</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>0</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>(1075.43)</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>300.00</u> |
| Line 8: Name of bank(s) used | <u>Leominster Credit Union</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:

Christine M Souter
Treasurer's signature (in ink)

1/12/15
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:

David R. Cormier
Candidate signature (in ink)

1/12/2015
Date

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 | | | | |
| Line 16: In-kind \$50 and under | | | | |
| Line 17: Total In-kind | | | | 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.

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 |
|---|---------------|---------------------------------------|---------------|-----------|
| 9/10/09 | David Cormier | 9 Deer Run Rd Leominster, MA 01453 | Campaign/Loan | \$ 300.00 |
| | | | | |
| | | | | |
| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | \$ 300.00 |

Enter on page 1, line 7



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEONISTE, MA

2015 JAN 20 PM 2 22

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning 1 / 1 / 2014 Ending 12 / 31 / 2014

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Gail P. Feckley
Full Name of Candidate (if applicable)

Ward 2 - City Council
Office Sought and District

70 Eastern Ave; Leonistee MA 01453
Residential Address

(978) 537-3658
Tel. No. (optional)

Committee to Elect Gail P. Feckley
Committee Name

Wendy Chartrand
Name of Committee Treasurer

70 Eastern Ave; Leonistee, MA 01453
Committee Mailing Address

(978) 537-3658
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|-------------------------------|
| Line 1: Ending balance from previous report | \$ <u>(464.87)</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>- 0 -</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>(464.87)</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>- 0 -</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>(464.87)</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>122.00</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>1,042.67</u> |
| Line 8: Name of bank(s) used | <u>Leonistee Credit Union</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.

Wendy Chartrand Signed under the penalties of perjury: 1/19/2015

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.

Gail P. Feckley Signed under the penalties of perjury: 1/19/15

Candidate signature (in ink) Date

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) |
|--|---|--------|---|---|
| | NONE | | | |
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| | | | | |
| Line 9: Total receipts in excess of \$50 (or listed above) | | 0 | - | |
| Line 10: Total receipts \$50 and under* (not listed above) | | 0 | - | |
| Line 11: TOTAL RECEIPTS 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.

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 | |
|---------------------------------------|--|---------|------------------------|--------|---|
| | NONE | | | | |
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| | | | | | |
| Line 12: Expenditures over \$50 | | | | 0 | - |
| Line 13: Expenditures \$50 and under* | | | | 0 | - |
| Line 14: TOTAL EXPENDITURES | | | | 0 | - |

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 |
|---------------------------------|---------------------|---------------------------------------|-------------------------------|---------------|
| 11/5/2013 | MARK Feckley | 70 EASTERN AVE LEONISTER, MA 01453 | Election Night Celebration | 122.00 |
| | | | | |
| | | | | |
| | | | | |
| Line 15: In-kind over \$50 | | | | 122.00 |
| Line 16: In-kind \$50 and under | | | | — |
| Line 17: Total In-kind | | | | 122.00 |

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.

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 |
|--|-----------------|---------------------------------------|---------------|----------|
| 9/20/2011 | GAIL P. FECKLEY | 70 EASTERN AVE LEONISTER, MA 01453 | Campaign Loan | 267.00 |
| 9/28/2011 | GAIL P. FECKLEY | 70 EASTERN AVE LEONISTER, MA 01453 | Campaign Loan | 575.67 |
| 9/20/2011 | GAIL P. FECKLEY | 70 EASTERN AVE LEONISTER, MA 01453 | Campaign Loan | 200.00 |
| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | 1,042.67 |

Enter on page 1, line 7



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

2015 JAN 21 PM 12 52

Please print or type all information, except signatures.

| Fill in dates: | Month | Date | Year | Month | Date | Year |
|----------------------------|-------|------|------|--------|------|---------|
| Reporting Period Beginning | 1 | 1 | 2014 | Ending | 12 | 31 2014 |

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

CLAIRE M FREDA
Full Name of Candidate (if applicable)

Office Sought and District
112 Debbie DR Leominster

Residential Address
978 537 3772

Tel. No. (optional)

FREDA Committee
Committee Name

DONALD FRIGOLETTO
Name of Committee Treasurer

Committee Mailing Address
270 N MAIN ST Leominster MA

978 537 3772
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|------------------------------|
| Line 1: Ending balance from previous report | \$ <u>704.89</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>200.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>904.89</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>90.00</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>814.89</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>6300.00</u> |
| Line 8: Name of bank(s) used | <u>ROLLSTONE BANK + TRST</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:

[Signature]
Treasurer's signature (in ink)

1-19-15
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:

[Signature]
Candidate signature (in ink)

1/19/15
Date

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) |
|--|---|--------|---|
| 1/23/17 | Thomas Bagley PO Box 360 Leominster MA 01453 | 100 | |
| 1/23/17 | Nichola Carbone 124 Belair Hts Leominster MA 01453 | 100 | |
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| | | | |
| Line 9: Total receipts in excess of \$50 (or listed above) | | 200 | - |
| Line 10: Total receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 200 | |

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 | | | | |
| Line 16: In-kind \$50 and under | | | | |
| Line 17: Total In-kind | | | | <i>none</i> |

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.

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 |
|---|---------------------|----------------------|-------------|-------------|
| <i>10-25-06</i> | <i>CLAIRE FREDA</i> | <i>117 Debbie RR</i> | <i>LOAN</i> | <i>2300</i> |
| <i>11-2-06</i> | <i>CLAIRE FREDA</i> | <i>LEOMINSTER MA</i> | <i>LOAN</i> | <i>4000</i> |
| | | | | |
| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | <i>6300</i> |

Enter on page 1, line 7



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

2015 JAN 16 AM 10 25

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 1 Date 1 Year 2014 Ending Month 12 Date 31 Year 2014

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

Full Name of Candidate (if applicable)
CHARLES F. MILNE
Office Sought and District
COUNCILOR @ LARGE
Residential Address
54 ROSE AVE
Tel. No. (optional)

CTE CHARLES MILNE
Committee Name
JOHN B. TATE
Name of Committee Treasurer
249 ABBOTT AVE
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|---------------------------|
| Line 1: Ending balance from previous report | \$ <u>681</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>500.150</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>1181.150</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>580</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>601.150</u> |
| ----- | |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>380.06</u> |
| Line 8: Name of bank(s) used | <u>ROLLING BANK TRUST</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)

Date

[Signature] 1/8/2015

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

[Signature] 1/9/2015

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) |
|--|---|--------|----|---|
| 3/18 | THE BARGL COMMITTEE 138 CONANT ST Beverly MA 01915 | 150 | - | |
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| | | | | |
| Line 9: Total receipts in excess of \$50 (or listed above) | | 150 | 00 | |
| Line 10: Total receipts \$50 and under* (not listed above) | | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 150 | 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 | |
|---------------------------------------|--|-----------------------------------|------------------------|--------|---|
| 1/29/14 | THE BAKER COMM | 138 CONANT ST BEVERLY 01915 | CONTRIBUTION | 250 | - |
| 1/29/14 | THE POLITO COMM | 138 CONANT ST BEVERLY MA 01916 | CONTRIBUTION | 250 | - |
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| | | | | | |
| Line 12: Expenditures over \$50 | | | | 500 | - |
| Line 13: Expenditures \$50 and under* | | | | | |
| Line 14: TOTAL EXPENDITURES | | | | 500 | - |

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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

2015 JAN 16 AM 10 25

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 1 Date 1 Year 2014 Ending Month 12 Date 31 Year 2014

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

Full Name of Candidate (if applicable)
CHARLES H. MILNE'S

Office Sought and District
COUNCILOR @ LARGE

Residential Address
54 ROSE AVE

Tel. No. (optional)

CTE CHARLES MILNE'S
Committee Name
JOHN B. TATE

Name of Committee Treasurer
249 ABBOTT AVE

Committee Mailing Address

Tel. No. (optional)

| SUMMARY BALANCE INFORMATION: | |
|--|---------------------------|
| Line 1: Ending balance from previous report | \$ <u>681</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>580.150</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>2031</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>580</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>331</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>3880.06</u> |
| Line 8: Name of bank(s) used | <u>ROLLING BANK TRUST</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: _____ Date 1/8/2015

Treasurer's signature (in ink)

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: _____ Date 1/9/2015

Candidate signature (in ink)



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:

City or Town Clerk or Election Commission Please print or type all information, except signatures

2015 JAN 16 PM 3 16

Fill in dates:

| Reporting Period Beginning | Month | Date | Year | Ending | Month | Date | Year |
|----------------------------|-------|------|------|--------|-------|------|------|
| | 1 | 1 | 2014 | | 12 | 31 | 2014 |

Type of report: (Check one)

8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Nona L. Ojala
Full Name of Candidate (if applicable)

Ward 4 School Committee
Office Sought and District

320 Pleasant St. Leominster, MA
Residential Address

978-537-2904
Tel. No. (optional)

Committee to elect Nona Ojala
Committee Name

Ann Douglas
Name of Committee Treasurer

45 Chestnut St.
Committee Mailing Address

Leominster, MA 9785373135
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|--|
| Line 1: Ending balance from previous report | \$ <u>641.98</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>—</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>641.98</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>—</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>641.98</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>—</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>—</u> |
| Line 8: Name of bank(s) used | <u>Leominster Employees Federal Credit Union</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.

Ann M Douglas Signed under the penalties of perjury: _____ Date 1-16-15

Treasurer's signature (in ink)

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.

Nona L. Ojala Signed under the penalties of perjury: _____ Date 1/16/15

Candidate signature (in ink)

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) |
|--|---|--------|--|---|
| | <i>no activity</i> | | | |
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| Line 9: Total receipts in excess of \$50 (or listed above) | | — | | |
| 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.
Page 2

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 | |
|---------------------------------------|--|---------|------------------------|--------|--|
| | <i>no activity</i> | | | | |
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| Line 12: Expenditures over \$50 | | | | — | |
| Line 13: Expenditures \$50 and under* | | | | — | |
| Line 14: TOTAL EXPENDITURES | | | | — | |

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 |
|---------------------------------|---------------------|---------------------|-----------------------------|-------|
| | <i>no activity</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| Line 15: In-kind over \$50 | | | | — |
| Line 16: In-kind \$50 and under | | | | — |
| Line 17: Total In-kind | | | | — |

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.

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 |
|---|--------------------|---------|---------|--------|
| | <i>no activity</i> | | | |
| | | | | |
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| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | — |

Enter on page 1, line 7



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

CITY CLERK'S OFFICE
LEOMINSTER, MA

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning JANUARY 1 2014 Ending December 31 2014

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

ROBERT A SALVATELLI
Full Name of Candidate (if applicable)
COUNSELOR AT LARGE
Office Sought and District
11 Woodside Ave.
Residential Address
978 537-6557
Tel. No. (optional)

COMMITTEE TO ELECT ROBERT A SALVATELLI
Committee Name
LINDA R. SALVATELLI
Name of Committee Treasurer
11 Woodside Ave.
Committee Mailing Address
978 537-6557
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|--|
| Line 1: Ending balance from previous report | \$ <u>194.90</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>194.90</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>0</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>194.90</u> |
| ----- | |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>0</u> |
| Line 8: Name of bank(s) used | <u>LEOMINSTER EMPLOYERS FEDERAL CREDIT UNION</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:

Linda R. Salvatelli
Treasurer's signature (in ink)

January 16, 2015
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:

[Signature]
Candidate signature (in ink)

1/16/2015
Date

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 | | | | |
| Line 16: In-kind \$50 and under | | | | |
| Line 17: Total In-kind | | | | 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.

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 |
|---|-------------|---------|---------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | 0 |

Enter on page 1, line 7