



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

Fill in Reporting Period dates: Beginning Date: Ending Date:

2016 Filing Date: PM 1 33

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

| | |
|--|---|
| Line 1: Ending Balance from previous report | <input type="text" value="615.00"/> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text" value="3508.02"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text" value="4123.02"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="3694.13"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="428.89"/> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text" value="1868.70"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="3,268.02"/> |
| Line 8: Name of bank(s) used: | <input type="text" value="Rollstone Bank & Trust"/> |

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: Donna Fiduccia (Treasurer's signature) Date:

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: _____ (Candidate's signature) 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.

(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) |
|--|---|----------------|--|
| 10/19/2015 | Thomas F. Ardinger 12 Narcissus Rd. Leominster, MA 01453 | 140.11 | LOAN |
| 10/24/2015 | Thomas F. Ardinger 12 Narcissus Rd. Leominster, MA 01453 | 20.00 | LOAN |
| 10/24/2015 | Thomas F. Ardinger 12 Narcissus Rd. Leominster, MA 01453 | 500.00 | LOAN |
| 10/28/2015 | Thomas F. Ardinger 12 Narcissus Rd. Leominster, MA 01453 | 107.91 | LOAN |
| 11/2/2015 | David Bourgeois 264 Highland Ave. Leominster, MA 01453 | 100.00 | |
| 10/17/2015 | Mary Brooks 535 South St., 7-3 Fitchburg, MA 01420 | 100.00 | |
| 10/19/2015 | CTE Jenn Caissie Three Bowlen Ave. Southbridge, MA 01550 | 100.00 | |
| 10/28/2015 | Lewis Evangelidis 215 Newell Rd. Holden, MA 01520 | 100.00 | |
| 11/4/2015 | Robert T. Jones 112 Chapman Place Leominster, MA 01453 | 200.00 | IT Software Support Eng Tiffany & Company |
| 11/2/2015 | Gregg Lisciotti 83 Orchard Hill Park Dr. Leominster, MA 01453 | 500.00 | Real Estate Mgr & Developer Lisciotti Development, Inc. Leominster, MA 01453 |
| 10/17/2015 | John & Patricia Souza 347 Prospect St. Leominster, MA 01453 | 200.00 | |
| 10/19/2015 | Mark Woodward 76 Brown Ave. Leominster, MA 01453 | 200.00 | Letter Sent |
| Line 9: Total Receipts over \$50 (or listed above) | | 2268.02 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 1240.00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 3508.02 | ← 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.)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|--|-----------------------------|----------------|
| 12/13/2015 | Frank Ardinger | 12 Narcissus Rd. Leominster, MA 01453 | Repayment of Loan | 1000.00 |
| 10/28/2015 | Luxury Box | 899 Central St. Leominster, MA 01453 | Fundraiser Appetizers, etc. | 298.95 |
| 10/22/2015 | NorEast Designs | 435 Lancaster St., Bldg. 20E Leominster, MA 01453 | Campaign Signs, etc. | 1300.00 |
| 11/3/2015 | NorEast Designs | 435 Lancaster St., Bldg. 20E Leominster, MA 01453 | Signs, Stickers, etc. | 170.00 |
| 10/29/2015 | Robodial. Org., LLC | 513 W. Broad St., Apt.301 Falls Church, VA 22046 | Auto Phone banking service | 124.33 |
| 10/27/2015 | Sentinel & Enterprise | 808 Main St. Fitchburg, MA 01420 | Advertising | 378.00 |
| 10/24/2015 | Staples Inc. | 289 N. Main St. Leominster, MA 01453 | Envelopes, Stamps, etc. | 113.84 |
| 10/19/2015 | Staples | 289 N. Main St. Leominster, MA 01453 | Ink, Covers, supplies, etc. | 140.11 |
| 10/24/2015 | Staples | 289 N. Main St. Leominster, MA 01453 | Ink, Cards, supplies. etc. | 107.91 |
| | | | | |
| | | | | |
| | | | | |
| Line 12: Total Expenditures over \$50 (or listed above) | | | | 3633.14 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 60.99 |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 3694.13 |

* 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 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 |
|---------------------------|--------------------|--|---|------------|
| 10/6/2015 | Thomas F. Ardinger | 12 Narcissus Rd. Leominster, Ma 01453 | LOAN | \$500.00 |
| 10/16/2015 | Thomas F. Ardinger | 12 Narcissus Rd. Leominster, MA 01453 | LOAN | \$2000.00 |
| 10/19/2015 | Thomas F. Ardinger | 12 Narcissus Rd. Leominster, MA 01453 | LOAN | \$140.11 |
| 10/24/2015 | Thomas F. Ardinger | 12 Narcissus Rd. Leominster, MA 01453 | LOAN | \$20.00 |
| 10/24/15 | Thomas F. Ardinger | 12 Narcissus Rd. Leominster, MA 01453 | LOAN | 500.00 |
| 10/28/2015 | Thomas F. Ardinger | 12 Narcissus Rd. Leominster, MA 01453 | LOAN | 107.91 |
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| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | \$3,268.02 |



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2016 JAN 6 PM 1 51
CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

Reporting Period - Beginning: 10/22/2015 Ending: 12/31/2015

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 Leominster, MA 01453 | 36 School Street Leominster, MA 01453 |
| <i>Residential Address</i> | <i>Committee Address</i> |

SUMMARY BALANCE INFORMATION

| | |
|---|-----------------|
| Ending Balance from previous report: | \$4,774.95 |
| Total receipts this period: | \$0.00 |
| Subtotal: | \$4,774.95 |
| Total expenditures this period: | \$0.00 |
| Ending Balance: | \$4,774.95 |
| 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)

1-6-2016

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:

1-6-2016

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 | |

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 the liabilities incurred during this reporting period.

| Date | To Whom Due | Amount | Purpose |
|-------------------------------|-------------|--------|---------|
| Total Outstanding Liabilities | | \$0.00 | |



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

2016 JAN 20 PM 12 56

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning October 18th 2015 Ending January 18th 2016

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

Cody D Caisse
Full Name of Candidate (if applicable)
School Committee at Large
Office Sought and District
35 Barry Lane, Leom, Ma. 01453
Residential Address
978-602-6194
Tel. No. (optional)

Committee to Elect Cody Caisse
Committee Name
Patricia Caisse
Name of Committee Treasurer
35 Barry Lane, Leom, Ma. 01453
Committee Mailing Address
978-798-2363
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | | |
|--|----|--|
| Line 1: Ending balance from previous report | \$ | <u>444.24</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ | <u>\$ 100 -</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ | <u>544.24</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ | <u>\$ 90.56</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ | <u>453.68</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ | <u>\$ 400 -</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ | <u>0</u> |
| Line 8: Name of bank(s) used | | <u>TD BANK N.A. Act bal. \$53.68 1/19/16</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:

Patricia Caisse
Treasurer's signature (in ink)

1/19/2016
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:

Cody D. Caisse
Candidate signature (in ink)

1/18/16
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) |
|--|---|--------|----|---|
| 10/21/15 | Patricia Caisse 35 Barry Ln, Leominster, MA 01453 | \$100 | 00 | |
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| Line 9: Total receipts in excess of \$50 (or listed above) | | \$100 | - | |
| Line 10: Total receipts \$50 and under* (not listed above) | | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | \$100 | - | 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 |
|--|---------------------|--|---|---------|
| 10/22/15 | Karen's Closet | 51 Sunrise Ave. Lcominster, Ma, 01453 | Donation of four final Campaign Donations to Karen's Closet | \$ 400- |
| | | | | |
| | | | | |
| | | | | |
| Line 15: In-kind over \$50 | | | | \$ 400- |
| Line 16: In-kind \$50 and under | | | | |
| Line 17: Total In-kind | | | | \$ 400- |

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

Enter on page 1, line 7



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

CITY CLERK'S OFFICE
LEOMINSTER, MA

LEOMINSTER

2016 JAN 14 PM 2 11

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month OCT Date 17 Year 2015 Ending Month DEC Date 31 Year 2015

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

Susan Chait Fox Zephir
Full Name of Candidate (if applicable)
Councilor AT Large
Office Sought and District
437 WEST ST, Leominster
Residential Address
978-265-2586
Tel. No. (optional)

Comm. to Elect Sue Chait Fox Zephir
Committee Name
EDWARD ZEPHIR
Name of Committee Treasurer
437 WEST ST, Leominster
Committee Mailing Address
978-265-2585
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|-------------------|
| Line 1: Ending balance from previous report | \$ <u>6050.97</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>1000.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>7050.97</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>300.00</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>6750.97</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 | |

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] Date 1/14/2016
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:
[Signature] Date 1/14/2016
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) |
|--|---|-------------------------|---|
| 10/25 | Daniel J. Pothier ¹⁰⁶⁰ Pleasant St Leominster | 100 00 | |
| 10/25 | Chris LaHonte Greenville, NH | 200 00 | Approved Color Greenville NH President |
| 10/25 | Retired Public Employees 10 Beacon St. Ste 309, Boston MA | 200 00 | CPF 80153Y - COMM. FOR POLITICAL ACTION |
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| Line 9: Total receipts in excess of \$50 (or listed above) | 500 00 | | |
| Line 10: Total receipts \$50 and under* (not listed above) | 500 00 | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | \$ 1,000 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.

Page 2

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

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

Please print or type all information, except signatures.

2016 JAN 19 PM 2 31

Fill in dates:

Reporting Period Beginning: Month 1 Date 1 Year 2015 Ending: Month 12 Date 31 Year 2015

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 Appleok Dr., Leom., MA 01453
Residential Address
978 534 0561
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:
N.A.
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:
Donna J. Ciccone
Candidate signature (in ink) _____ Date 1/19/16

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) |
|--|---|--------|--|---|
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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 | | 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 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 |
|--|---------------|-----------------------------------|-------------------|--------|
| 10/5/11 | Donna Ciccone | 164 Overlook Dr Lcom, MA 01453 | Signs | 532.71 |
| 10/7/11 | Donna Ciccone | 164 Overlook Dr Lcom, MA 01453 | bumper stickers | 121.78 |
| 9/7/13 | Donna Ciccone | 164 Overlook Dr Lcom, MA 01453 | re-elect stickers | 171.32 |
| 10/31/13 | Donna Ciccone | 164 Overlook Dr Lcom, MA 01453 | re-elect decals | 71.71 |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | 897.52 |

Enter on page 1, line 7

2016 JAN 19 PM 2 31
CITY CLERK'S OFFICE
LEOMINSTER, MA

Donna J Ciccone
164 Overlook Dr
Leominster, MA 01453

January 16, 2016

Re: Dissolution

Dear Lynn,

Please be advised, effective immediately to request "forgive of debt" in the amount of \$897.52 according to the year ending date 12/31/15 campaign finance report submitted with this letter.

Please contact me to the number provided should you have any questions.

Best regards,



Donna J Ciccone

978-549-3472



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

2016 JAN 4 PM 12 52

Please print or type all information, except signatures.

| | | | | | | |
|----------------------------|-------|------|------|--------|------|---------|
| Fill in dates: | Month | Date | Year | Month | Date | Year |
| Reporting Period Beginning | 10 | 17 | 2015 | Ending | 12 | 31 2015 |

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 Rd Leominster MA
Committee Mailing Address 01453

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

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ (1075.43)

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

Line 3: Subtotal (line 1 plus line 2) \$ (1075.43)

Line 4: Total expenditures this period (page 3, line 14) \$ 0

Line 5: Ending balance (line 3 minus line 4) \$ (1075.43)

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

Line 7: Total (all) outstanding liabilities (page 4) \$ 300.00

Line 8: Name of bank(s) used Leominster 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:

Christine M Souter 1/4/16
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:

David R. Cormier 1/4/2016
Candidate signature (in ink) 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 |
|-------------------------|---------------------|---------------------|---------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 |
|-------------------------|---------------|---------------------------------------|---|------------------|
| 9/10/09 | David Cormier | 9 Deer Run Rd Leominster, MA 01453 | Campaign/Loan | \$ 300.00 |
| | | | | |
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| Enter on page 1, line 7 | | | Line 18: OUTSTANDING LIABILITIES (ALL) | \$ 300.00 |



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CLERK'S OFFICE
LEOMINSTER, MA

2016 JAN 20 PM 2 04

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 |
|----------------------------|-------|------|------|--------|-------|------|------|
| | 10 | 26 | 2015 | | 1 | 20 | 2016 |

Type of report: (Check one)

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

Michael D. DellaKruza
 Full Name of Candidate (if applicable)

School Committee
 Office Sought and District

29 Bicentennial Ave.
 Residential Address

Leominster, MA 01453
 Tel. No. (optional)

Committee to Elect Michael
 Committee Name D. DellaKruza

Christine F. DellaKruza
 Name of Committee Treasurer

977 South St.
 Committee Mailing Address

Fitchburg, MA 01420
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 512.66

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

Line 3: Subtotal (line 1 plus line 2) \$ 512.66

Line 4: Total expenditures this period (page 3, line 14) \$ 512.66

Line 5: Ending balance (line 3 minus line 4) \$ 0

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 Family Federal Savings

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] 1/20/16
 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:

[Signature] 1/20/16
 Candidate signature (in ink) 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 |
|-------------------------|---------------------|---------------------|---------------------------------|-------|
| | | | | |
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| | | | | |
| 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 |
|-------------------------|-------------|---------|---|--------|
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| Enter on page 1, line 7 | | | Line 18: OUTSTANDING LIABILITIES (ALL) | 0 |

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 LEWISTON, MA 01453 | Election Night Celebration | 122.00 |
| | | | | |
| | | | | |
| | | | | |
| Line 15: In-kind over \$50 | | | | 122.00 |
| Line 16: In-kind \$50 and under | | | | 0 |
| 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 LEWISTON, MA 01453 | Campaign Loan | 267.00 |
| 9/28/2011 | GAIL P. FECKLEY | 70 EASTERN AVE LEWISTON, MA 01453 | Campaign Loan | 575.67 |
| 9/30/2011 | GAIL P. FECKLEY | 70 EASTERN AVE LEWISTON, 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

2016 JAN 19 PM 12 59

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning 7-1-15 Ending 12-31-15

Type of report: (Check one)

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

CLAIRE FREDA

Full Name of Candidate (if applicable)

Office Sought and District

117 Debbie DR

Residential Address

LEOMINSTER MA 01453

Tel. No. (optional)

FREDA COMMITTEE

Committee Name

DONALD L. FRIGOLETTO

Name of Committee Treasurer

770 N MAIN ST

Committee Mailing Address

LEOMINSTER MA 01453

Tel. No. (optional)

978 537 3778

SUMMARY BALANCE INFORMATION:

| | |
|--|-------------------------------|
| Line 1: Ending balance from previous report | \$ <u>814.29</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>814.29</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>0</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>814.29</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>6300</u> |
| Line 8: Name of bank(s) used | <u>ROLLSTONE 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

1-15-16

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

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 |
|--|--------------|---------------|---------|--------|
| 10-25-06 | CLAIRE FREDA | 117 Debbie DR | LOAN | 2300 |
| 10-2-06 | CLAIRE FREDA | LEDMINSTER | LOAN | 4000 |
| | | | | |
| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | 6300 |

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 for Election Commission

2016 JAN 19 PM 2 06

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)

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

| | |
|--|---|
| <input type="text" value="Andrea Freeman"/> Candidate Full Name (if applicable) | <input type="text" value="Committee to Elect Andrea Freeman"/> Committee Name |
| <input type="text" value="Leominster School Committee, At-Large"/> Office Sought and District | <input type="text" value="Miriam Scagnetti"/> Name of Committee Treasurer |
| <input type="text" value="431 Pleasant Street, Leominster, MA 01453"/> Residential Address | <input type="text" value="54 Green Street, A405, Leominster, MA 01453"/> Committee Mailing Address |
| Telephone Number (optional): <input type="text" value="9785370403"/> | Telephone Number (optional): <input type="text" value="9785344965"/> |

SUMMARY BALANCE INFORMATION:

| | |
|--|---|
| Line 1: Ending Balance from previous report | <input type="text" value="598.26"/> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text" value="0"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text" value="598.26"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="1451.73"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="-853.47"/> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text" value="93.10"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="1451.73"/> |
| Line 8: Name of bank(s) used: | <input type="text" value="Rollstone Bank & Trust, Leominster, MA"/> |

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: Miriam Scagnetti (Treasurer's signature) Date:

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:

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 |
|--|--|--|------------------------|----------------|
| 10/17/2015 | Vistaprint USA, Inc | 95 Hayden Ave, Lexington, MA 02421-7942 | Rack Cards | 432.47 |
| 10/20/2015 | Vistaprint USA, Inc. | 95 Hayden Ave, Lexington, MA 02421-7942 | Postcards | 157.49 |
| 10/20/2015 | Add-A-Sign LLC | 136 Pond Street, Leominster, MA 01453 | Lawn Signs | 478.13 |
| 10/26/2015 | US Postal Service | 68 Main Street, Leominster, MA 01453 | Stamps for Postcards | 140.00 |
| 10/29/2015 | US Postal Service | 68 Main Street, Leominster, MA 01453 | Stamps for Postcards | 140.00 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 1348.09 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 103.64 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 1451.73 |

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 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|--|-----------------------|--|-----------------------------|-------|
| Various 10/20 - 10/29/15 | Edward W. Zephir, Jr. | 437 West Street, Leominster, MA 01453 | Stamps for Postcards | 93.10 |
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| Line 15: In-Kind Contributions over \$50 (or listed above) | | | | 93.10 |
| Line 16: In-Kind Contributions \$50 & under (not listed above) | | | | |
| Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | | 93.10 |

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 |
|---------------|----------------|--|--|--------|
| 10/16/2015 | Andrea Freeman | 431 Pleasant Street, Leominster, MA 01453 | Post Cards purchased at Staples (committee loan) | 47.79 |
| 10/17/2015 | Andrea Freeman | 431 Pleasant Street, Leominster, MA 01453 | Rack cards purchased at Vistaprint (committee loan) | 432.47 |
| 10/18/2015 | Andrea Freeman | 431 Pleasant Street, Leominster, MA 01453 | Plastic Bags purchased at Ebay/ Local Bag Lady (committee loan) | 36.75 |
| 10/20/2015 | Andrea Freeman | 431 Pleasant Street, Leominster, MA 01453 | Post cards purchased at Vistaprint (committee loan) | 157.49 |
| 10/20/2015 | Andrea Freeman | 431 Pleasant Street, Leominster, MA 01453 | Lawn signs purchased at Add-A- Sign (committee loan) | 478.13 |
| 10/24/2015 | Andrea Freeman | 431 Pleasant Street, Leominster, MA 01453 | Labels purchased at Staples (committee loan) | 19.10 |
| 10/26/2015 | Andrea Freeman | 431 Pleasant Street, Leominster, MA 01453 | Stamps for post cards purchased at USPS (committee loan) | 140.00 |
| 10/29/2015 | Andrea Freeman | 431 Pleasant Street, Leominster, MA 01453 | Stamps for post cards purchased at USPS (committee loan) | 140.00 |
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Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

1451.73