



Commonwealth of Massachusetts

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF LEOMINSTER, MA
2015 NOV 9 PM 3:00

City or Town of: Leominster

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

Type of Report: (Check one)

8th day preceding preliminary/primary 8th day preceding election 30th day following election (Town or Special) 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

| DATE | I. SIGNATURE Signed under the penalties of perjury | II. RESIDENTIAL ADDRESS (Street and Number) | III. OFFICE SOUGHT |
|---------|---|--|---------------------------|
| 11/9/15 | <i>Donna D. Munro</i> | 161 Old Tavern Rd. | School Committee at-large |
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Form CPF M 102-0: Campaign Finance Report
Municipal Form
 Office of Campaign and Political Finance

RECEIVED OFFICE
 LEAMINGSTER, MA

2015 NOV 12 PM 12:42

City or Town of: Leominster

Please print or type all information, except signatures.

| | | | | | | | |
|----------------------------|-------|-----|------|--------|-----|------|------|
| Fill in dates: | Month | Day | Year | Month | Day | Year | |
| Reporting Period Beginning | | | | Ending | 10 | 16 | 2015 |

Type of Report: (Check One)

8th day preceding preliminary/primary
 8th day preceding election
 30th day following election (Town or Special)
 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

| DATE | I. SIGNATURE Signed under the penalties of perjury | II. RESIDENTIAL ADDRESS (Street and Number) | III. OFFICE SOUGHT |
|----------|---|--|---------------------------|
| 10/20/15 | <i>[Handwritten Signature]</i> | 33 Skye Lane | School Committee - Ward 1 |
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Commonwealth
of Massachusetts

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

John Dombrows

City or Town of: _____

CITY OF LEAMINGTON
LEAMINGTON, MA

Fill in Reporting Period dates:

Beginning Date:

1-1-15

Ending Date:

2015 NOV 6 - PM 12:10
16 - 15

Type of Report: (Check one)

8th day preceding
preliminary/primary

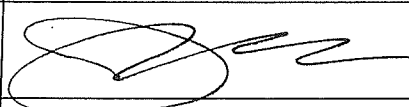
8th day preceding election

30th day following election
(Town or Special)

20th day of January
(Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

| DATE | I. SIGNATURE Signed under the penalties of perjury | II. RESIDENTIAL ADDRESS (Street and Number) | III. OFFICE SOUGHT |
|---------|--|--|-----------------------|
| 11-6-15 |  | 6 Grove Ave Leamington MA | Counselor At Large |
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Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

2015 NOV 24 PM 2 16

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 10 / 26 / 2014 Ending 10 / 26 / 2015

Type of report: (Check one)
 8th day preceding primary 8th day preceding election year-end report dissolution other (specify)

Charles A. Milhans
Full Name of Candidate (if applicable)
City Council
Office Sought and District
54 Rose Ave
Residential Address
Leominster, MA 01453 978940648
Tel. No. (optional)

CTE Milhans
Committee Name
John Tate
Name of Committee Treasurer
54 Rose Ave
Committee Mailing Address
Leominster, MA 01453
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 436.23
Line 2: Total receipts this period (page 2, line 11) \$ 0
Line 3: Subtotal (line 1 plus line 2) \$ 436.23
Line 4: Total expenditures this period (page 3, line 14) \$ 0
Line 5: Ending balance (line 3 minus line 4) \$ 436.23
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 Rollstone Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

Charles A. Milhans

11/22/2015

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) |
|---|---|--------|---|
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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.

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 | |
|---------------------------------------|--|---------|------------------------|--------|----|
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| Line 12: Expenditures over \$50 | | | | 0 | 60 |
| Line 13: Expenditures \$50 and under* | | | | 0 | 00 |
| Line 14: TOTAL EXPENDITURES | | | | 0 | 60 |

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 |
|--|---------------------|---------------------|-----------------------------|---------|
| | | | | |
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| | | | | |
| | | | | |
| Line 15: In-kind over \$50 | | | | \$ 0.00 |
| Line 16: In-kind \$50 and under | | | | 0.00 |
| Line 17: Total In-kind | | | | 0.00 |

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 |
|---|-------------|---------|---------|--------|
| | None | | | |
| | | | | |
| | | | | |
| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | |

Enter on page 1, line 7