



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 12-30-22 Ending Date: 12-29-23

Type of Report: (Check one)

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

Constance A. Martin  
Candidate Full Name (if applicable)

Zawell School Committee  
Office Sought and District

17 Summit St. Zawell MA 01852  
Residential Address

E-mail: Ccm4school@yahoo.com

Phone #: 978-729-2161

CTE Connie A. Martin  
Committee Name

Connie Martin  
Name of Committee Treasurer

same  
Committee Mailing Address

E-mail: same

Phone #: same

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3643.72</u>
Line 2: Total receipts this period (page 3, line 12)	<u>.30</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3644.02</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>904.70</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2739.32</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>-</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>-</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>-</u>
Line 9: Name of bank(s) used:	<u>Enterprise Bank and 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)    Date: 2-1-24

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature)    Date: 2-1-24



**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12-30-22 to 12-29-23	Monthly Bank Interest	.30	Enterprise Bank and Trust.
Line 10: Total Receipts over \$50 (or listed above)	.30	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.	
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD	.30	← Enter on page 1, line 2	









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

Fill in Reporting Period dates: Beginning Date: November 1, 2019 Ending Date: October 10, 2021

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

Connie A. Martin
Candidate Full Name (if applicable)
At Large Lowell School Committee
Office Sought and District
17 Summit Street
Residential Address
E-mail: <u>cam4school</u>
Phone # (optional): <u>978-729-2161</u>

CTE Connie Martin to Lowell School Committee
Committee Name
Patricia Doyle
Name of Committee Treasurer
17 Summit Streeta
Committee Mailing Address
E-mail: <u>same</u>
Phone # (optional): <u>978-729-2161</u>

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	5,404.84
Line 2: Total receipts this period (page 3, line 11)	402.62
Line 3: Subtotal (line 1 plus line 2)	5807.46
Line 4: Total expenditures this period (page 5, line 14)	1025.62
Line 5: Ending Balance (line 3 minus line 4)	4781.84
Line 6: Total in-kind contributions this period (page 6)	—
Line 7: Total (all) outstanding liabilities (page 7)	—
Line 8: Name of bank(s) used:	<u>Enterprise Bank</u>

ELECTION COMMISSION  
LOWELL, MASSACHUSETTS

**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 Doyle (Treasurer's signature) Date: Oct 31, 21

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 10-10-21



## 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)
9-30-21	GailAnne Desmond, 27 Harland Road, Lowell, MA 01852	100	Retired
9-30-21	Steven Joncas, 588 Andover Street, Lowell, MA 01852	100	Housing Development, Common Ground
9-30-21	James A. Hall, 25 Fletcher Street, Chelmsford, MA 01824	100	Attorney
9-30-21	David T. Daly, 229 Steadman Street, Lowell MA 01851	100	Owner, The Daly Holding Company
10-1-21	Combined Bank Account Interest, Enterprise Bank, 222 Merrimack Street, Lowell, MA 01852	2.62	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		402.62	← 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
11/22/2019	Community Teamwork, -Mayor's Bash Youth Homeless	155 Merrimack Street, Lowell, MA 01852	Sponsorship	250
12-21-20	Community Teamwork, -Mayor's Bash Youth Homeless	155 Merrimack Street, Lowell, MA 01852	Sponsorship	250
9-30-21	Combined Monthly Bank Fees, Enterprise Bank,	222 Merrimack Street, Lowell, MA 01852	Campaign Bank Account Monthly Fees	525.62
Line 12: Total Expenditures over \$50 (or listed above)				1025.62
Line 13: Total Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>1025.62</b>

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 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
NA	NA	NA	NA	NA
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	NA

RECEIVED  
 NOV 15 11 51 AM '15  
 MASS. COMMISSION  
 ON  
 ELECTIONS  
 LOWELL, MA





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

Municipal Form **ELECTION COMMISSION**  
Office of Campaign and Political Finance **LOWELL, MA**

2019 NOV 14 AM 9:37

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-24-19 Ending Date: 10-31-19

Type of Report: (Check one)

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

Constance A. Martin  
Candidate Full Name (if applicable)

Lowell School Committee  
Office Sought and District

17 Summit Street, Lowell, MA 01852  
Residential Address

E-mail: cam4school@yahoo.com

Phone # (optional): (978) 729-2161

CTE Connie Martin  
Committee Name

Patricia Doyle  
Name of Committee Treasurer

< same  
Committee Mailing Address

E-mail: <same

Phone # (optional): <same

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	3,822.53
Line 2: Total receipts this period (page 3, line 11)	3,275
Line 3: Subtotal (line 1 plus line 2)	7,098.03
Line 4: Total expenditures this period (page 5, line 14)	1,693.19
Line 5: Ending Balance (line 3 minus line 4)	5,404.84
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Enterprise Bank and 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: Patricia Doyle (Treasurer's signature) Date: Oct 31, 19

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 10-31-19



## 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)
10-7-19	Abisi Patricia and Fred 273 Clark Road Lowell, MA 01852	50	
10-7-19	Akasian Kathleen 41 Winward Road Lowell, MA 01852	50	
10-7-19	Bateson Carol and Bryan 31 Sawyers Lane Tewksbury, MA 01876	100	
10-7-19	Chase Meg 52 Rivercliff Road Lowell, MA 01852	50	
10-7-19	Desmond Gail 27 Harland Ave. Lowell, MA 01852	100	
10-7-19	Donahue Nancy 52 Belmont Ave Lowell, MA 01852	100	
10-7-19	Dunkin George 710 Andover Street Lowell, MA 01852	200	Banker
10-7-19	Durkin Jeannine and Gerry 20 French Street Dunstable, MA 01827	50	
10-7-19	Eyres Mary 21 Trull Lane Lowell, MA 01852	25	
10-7-19	Frederick Karen 105 Old Marsh Hill Road Dracut, MA 01826	100	
10-7-19	Galvin Bobbie 165 Butman Road Lowell, MA 01852	25	
10-7-19	Gordon Chris and Todd 33 Newtown Ave Dracut, MA 01826	25	
Line 9: Total Receipts over \$50 (or listed above)		875	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← Enter on page 1, line 2

page 1 of 4

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-7-19	Green Karen and John 91 Elliot Drive Lowell, MA 01852	50	
10-7-19	Haley Eileen and Jim 66 Cheryl Lee Lane Lowell, MA 01854	75	
10-7-19	Hall Cheryl and James 25 Fletcher Street Chelmsford, MA 01834	100	
10-7-19	Hurley Ann Marie 100 Belmont Ave Lowell, MA 01852	100	
10-7-19	Hurley Barbara and Neil 287 Appleton Street, STE 208 Lowell, MA 01852	75	
10-7-19	Joncas Steve 558 E. Merrimack Street #36 Lowell, MA 01852	100	
10-7-19	Keefe Robbie 42 Enell Street Lowell, MA 01852	25	
10-7-19	Krug Peggy 46 Florence Street Lowell, MA 01852	25	
10-7-19	Kuenzler Cynthia and Michael 27 Westview Farm Road Dracut, MA 01826	100	
10-7-19	Leary Pasqua 80 Rivercliff Road Lowell, MA 01852	100	
10-7-19	Lipchitz Bill 106 Fairmount St. Lowell, MA 01852	50	
10-7-19	Martin Martha and Bill 173 Clark Road Lowell, MA 01852	100	
10-7-19	Martin Elise and Brian 168 Hovey Street Lowell, MA 01852	100	
Line 9: Total Receipts over \$50 (or listed above)		925	<i>page 2 of 4</i>
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



## SCHEDULE A: RECEIPTS

*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)
10-7-19	Martin Margaret 316 Hovey Street Lowell, MA 01852	100	
10-7-19	McCartin Sally and Steve 51 Warren Ave. Chelmsford, MA 01824	50	
10-7-19	McDonough Perry 2 Dunster Lane Methuen, MA 01844	25	
10-7-19	McQuaid Alicia and John 125 Clark Road Lowell, MA 01852	200	Real Estate
10-7-19	Meehan Nancy 33 Summit Street Lowell, MA 01852	50	
10-7-19	Murphy Dan 13 Warwick Street Lowell, MA 01852	25	
10-7-19	Nutter Gerry 9 Whitney Ave Lowell, MA 01850	25	
10-7-19	O'Connor Jack 134 Mansur Street Lowell, MA 01852	200	Small Business Owner
10-7-19	O'Donnell Patricia and James 54 Adam Terrace Lowell, MA 01852	50	
10-7-19	Plath Kathleen 52 Lawrence Drive, Unit 601 Lowell, MA 01854	100	
10-7-19	Quinn Bridget 56 Gay Street N. Chelmsford, MA 01863	25	
10-7-19	Reagan, Sr. Daniel 245 Graniteville Road Chelmsford, MA 01824	25	
Line 9: Total Receipts over \$50 (or listed above)		875	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← Enter on page 1, line 2

page 3 of 4

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-7-19	Ryan Terry 6 Carriage Way Westford, MA 01886	25	
10-7-19	Sayer Maureen 80 Ridge Road Lowell, MA 01852	25	
10-7-19	Sayer Mary 80 Ridge Road Lowell, MA 01852	50	
10-7-19	Sayer Cheryl and Alan 23 Berkley Ave Lowell, MA 01852	50	
10-7-19	Sayer Kathy and Mark 15 Berkley Ave Lowell, MA 01852	50	
10-7-19	Sheehan Kathleen 238 Butman Road Lowell, MA 01852	50	
10-7-19	Sheridan Cheryl and Leo 18 Dancause Rd Lowell, MA 01852	100	
10-7-19	Tellier Lidia and Peter 32 Adams Road Dracut, MA 01826	50	
10-7-19	Weber Nancy 525 Wellman Ave. N. Chelmsford, MA 01863	25	
10-7-19	Winalski Patricia 69 Glenwood Street Lowell, MA 01852	100	
10-7-19			
10-7-19			
10-7-19			
Line 9: Total Receipts over \$50 (or listed above)		525	
Line 10: Total Receipts \$50 and under* (not listed above)		50.5	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>3,275.5</b>	← Enter on page 1, line 2

*Page 4 of 4*

\* 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
1-19 to 10-19	Enterprise Bank and Trust	222 Merrimack Street Lowell, MA 01852	Bank Fees	223.92
5-1-19	Lowell High School - Fine Arts	50 Fr. Morrissette Blvd. Lowell, MA 01852	Sponsorship/Advertising	150
4-1-19	Mill City Mentors (CTI)	155 Merrimack Street Lowell, MA 01852	Sponsorship/Advertising	150
4-1-19	Mill City Mentors (CTI)	155 Merrimack Street Lowell, MA 01852	Sponsorship/Advertising	600
9-1-19	Mill City Mentors (CTI)	155 Merrimack Street Lowell, MA 01852	Sponsorship/Advertising	250
9-1-19	Owl Printing	142 Middle Street Lowell, MA 01852	printing campaign materials	229.19
10-1-19	Warp and Weft	197 Market Street Lowell, MA 01852	campaign event expense	321
Line 12: Total Expenditures over \$50 (or listed above)				1,693.19
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1,693.19

\* 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

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-23-18 Ending Date: 1-22-19

Type of Report: (Check one)

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

Constance A. Martin.  
Candidate Full Name (if applicable)

Lowell School Committee  
Office Sought and District

17 Summit St. Lowell MA 01852  
Residential Address

E-mail: Cam4school@yahoo.com

Phone # (optional): 978-729-2161

CTE Connie Martin  
Committee Name

Patricia Doyle  
Name of Committee Treasurer

SAME  
Committee Mailing Address

E-mail: SAME

Phone # (optional): SAME

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

4941.12

Line 2: Total receipts this period (page 3, line 11)

.92

Line 3: Subtotal (line 1 plus line 2)

4942.04

Line 4: Total expenditures this period (page 5, line 14)

1119.51

Line 5: Ending Balance (line 3 minus line 4)

3822.53

Line 6: Total in-kind contributions this period (page 6)

—

Line 7: Total (all) outstanding liabilities (page 7)

—

Line 8: Name of bank(s) used: Enterprise Bank and 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: Patricia Doyle (Treasurer's signature)

Date: 1-22-19

#### 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: 1-22-19







## 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
1-1-18 to 12-31-18	Enterprise Bank and Trust	222 Merrimack St. Lowell MA 01852	Combined Monthly Bank Fees	269.51
3-28-18	Big Brother/Big Sister of Greater Lowell	155 Merrimack St. Lowell MA 01852	Sponsorship	350.00
9-24-18	" "	" "	" "	250.00
11-19-18	Community Teamwork (Youth Tennis Leagues)	155 Merrimack St. Lowell MA 01852	Sponsorship	250
Line 12: Total Expenditures over \$50 (or listed above)				1119.51
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1119.51

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

1



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

Fill in Reporting Period dates: Beginning Date: 10-31-17 Ending Date: 1-22-18

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

Connie A. Martin  
Candidate Full Name (if applicable)  
Lowell School Committee  
Office Sought and District  
17 Summit St Lowell MA 01852  
Residential Address  
E-mail: Cam4school@yahoo.com  
Phone # (optional): 978-729-2161

CTE Connie Martin  
Committee Name  
Patricia Doyle  
Name of Committee Treasurer  
same  
Committee Mailing Address  
E-mail: same  
Phone # (optional): same

### SUMMARY BALANCE INFORMATION:

ELECTION COMMISSION  
LOWELL, MA  
JAN 23 PM 12:03

Line 1: Ending Balance from previous report	<u>5020.55</u>
Line 2: Total receipts this period (page 3, line 11)	<u>, 22.</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5020.77</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>79.65</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>4941.12</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	<u>Enterprise Bank and 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: Patricia Doyle (Treasurer's signature) Date: 1-22-18

**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: 1-22-18













Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

**Municipal Form COMMISSION**  
Office of Campaign and Political Finance  
LOWELL, MA

2017 NOV -2 AM 8:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-2017 Ending Date: 10-30-2017

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

Connie A. Martin  
Candidate Full Name (if applicable)  
Lowell School Committee  
Office Sought and District  
17 Summit St. Lowell MA 01852  
Residential Address  
E-mail: Cam4school@yahoo.com  
Phone # (optional): 978-729-2161

CTE Connie A. Martin  
Committee Name  
Patricia Doyle  
Name of Committee Treasurer  
same  
Committee Mailing Address  
E-mail: same  
Phone # (optional): same

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2445.23</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3746.24</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6191.47</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1170.92</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>5020.55</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>—</u>
Line 8: Name of bank(s) used:	<u>Enterprise Bank and 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: Patricia Doyle (Treasurer's signature) Date: 10-30-17

#### 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: 10-30-2017



## 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)
10-5-17	Patricia and Fred Abisi 273 Clark Rd, Lowell MA	\$ 75 <sup>00</sup>	
10-5-17	Beth and Barry Barros 19 Newburg St. Lowell MA	\$ 50 <sup>00</sup>	
10-5-17	Carol and Brian Bateson 31 Sawyers Lane, Tewksbury MA	\$ 100	
10-5-17	Mes Chase 52 Rivercliff Rd. Lowell MA	\$ 50	
10-5-17	Michael Conway 823 Andover St. Lowell MA	\$ 100	
10-5-17	Seth Cooper 36 Hollywood Ave. Lowell MA	\$ 100	
10-5-17	Carlane Desmond 27 Harland Ave, Lowell MA	\$ 75	
10-5-17	George Duncan 710 Andover St. Lowell MA	\$ 200	Banker, Enterprise Bank
10-5-17	Jeanvive + Gerald Durkin 20 French St. Dunstable MA	\$ 100	
10-5-17	Kathy Finneral 21 Conde St. Lowell MA	\$ 100	
10-5-17	Karen Frederick 105 Old Marsh Hill Rd. Dracut MA	\$ 50	
10-5-17	Catherine Cases 62 Lark St. Lowell MA	\$ 50	
Line 9: Total Receipts over \$50 (or listed above)		1,050 <sup>00</sup>	please see next page. Page 1 of 4
Line 10: Total Receipts \$50 and under* (not listed above)		75 <sup>00</sup>	
Line 11: TOTAL RECEIPTS IN THE PERIOD		/	

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-5-17	Linda and Michael Gallagher 200 Middle St. Lowell MA	\$ 100	ELECTION COMMISSION LOWELL, MA 2017 NOV -2 AM 9:00
10-5-17	Karen and John Green 91 Elliot Dr. Lowell MA	\$ 50	
10-5-17	Kristin Shaver and Marianne Lories 41 Batman Road Lowell MA	\$ 50	
10-5-17	James P. Hall 73 Alcott St. Lowell MA	\$ 101	
10-5-17	James A. Hall 25 Fletcher St. Chelmsford MA	\$ 100	
10-5-17	Ann Marie Hartley 100 Belmont Ave, Lowell MA	\$ 100	
10-5-17	Steve Jancus 155 Merrimack St. Lowell MA	\$ 100	
10-5-17	Cynthia and Michael Kuenzler 27 Westview Farm Rd. Dracut MA	\$ 50	
10-5-17	William Lipschitz 106 Fairmount St. Lowell MA	\$ 50	
10-5-17	Martha and William Martin 173 Clark Rd. Lowell MA	\$ 50	
10-5-17	Kevin McHugh 121 Mt. Pleasant St. Lowell MA	\$ 50	
10-5-17	Erin and Brian McMahon 94 Clark Rd Lowell MA	\$ 50	
10-5-17	Alicia and John McQuaid 125 Clark Rd. Lowell MA	\$ 100	

Line 9: Total Receipts over \$50 (or listed above) \$ 951

Line 10: Total Receipts \$50 and under\* (not listed above) 5 150

Line 11: TOTAL RECEIPTS IN THE PERIOD /

*Please see next page.*

*Page 2  
of 4*

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



## SCHEDULE A: RECEIPTS

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.)

ELECTION COMMISSION  
LOWELL, MA  
NOV -2 AM 9:00

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-5-17	Nancy and Joseph Meehan 33 Summit St. Lowell MA	\$ 50	
10-5-17	Ann Murphs 63 Newburg St. Lowell MA	\$ 100	
10-5-17	Daniel Murphs 13 Warwick St. Lowell MA	\$ 50	
10-5-17	Jack O'Connor 124 Mansur St. Lowell MA	\$ 200	Owner, O'Connor Studios.
10-5-17	Kileen Donoghue and John O'Connor 257 Andover St. Lowell MA	\$ 100	
10-5-17	Trish and James O'Donnell 54 Adams Terr. Lowell MA	\$ 50	
10-5-17	Steve Panagiotakos 316 Parker St. Lowell MA	\$ 50	
10-5-17	Barbara and John Pearson 99 Belmont Ave. Lowell MA	\$ 50	
10-5-17	Kathleen and George Ramirez 220 Nymith St. #2 Lowell MA	\$ 50	
10-5-17	Kathleen and Brian Roche 6 Bancroft St. Windham NH	\$ 50	
10-5-17	Jean and Ted Rarak 242 Wentworth Ave. Lowell MA	\$ 100	
10-5-17	Mary Sayer 80 Ridge Rd. Lowell MA	\$ 100	
Line 9: Total Receipts over \$50 (or listed above)		\$ 950	Please see next page. <span style="float: right;">Page 3 of 4</span>
Line 10: Total Receipts \$50 and under* (not listed above)		70	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		/	

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



## SCHEDULE A: RECEIPTS

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.)

ELECTION COMMISSION  
LOWELL, MA  
NOV -2 AM 9:00

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-5-17	Kathleen and Mark Sayer 15 Borkley Ave. Lowell MA	\$ 100	
10-5-17	Cheryl and Leo Sheridan 18 Dancause St. Lowell MA	\$ 50	
10-5-17	Lidia and Peter Tellier 32 <del>Adams</del> Adams Rd. Dracut	\$ 50	
10-5-17	Jodie Bruner and Richard Waddell 100 Belmont Ave. Lowell MA	\$ 100	
10-5-17	Patricia Winalski 69 Glenwood St. Lowell MA	\$ 100	
Line 9: Total Receipts over \$50 (or listed above)		\$ 400	Total for all 4 pages. p4 of 4 ← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		\$ 100.24	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$ 374.24</b>	

\* 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 (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	ELECTION COMMISSION Purpose of Expenditure	Amount
3-20-17	Big Brother / Big Sister of Greater Lowell	155 Merrimack St. Lowell MA 01852	2017 NOV 22 AM 9:00 LOWELL, MA	\$ 300
10-9-17	Connolly Printings	178 Gill St. Woburn MA 01801	Sign printing	\$ 682.44
9-30-17	Enterprise Bank and Trust	222 Merrimack St. Lowell MA 01852	Combined Bank Fees	\$ 188.48
Line 12: Expenditures over \$50 (or listed above)				1,170.92
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,170.92

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

17 JAN 34 AM 8:35

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2016 Ending Date: 12/31/2016

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

Connie A. Martin  
Candidate Full Name (if applicable)  
Lowell School Committee  
Office Sought and District  
17 Summit St. Lowell MA 01852  
Residential Address  
E-mail: Cam4school@yahoo.com  
Phone # (optional): 978-729-2161

CTF Connie A. Martin  
Committee Name  
Patricia Doyle  
Name of Committee Treasurer  
same  
Committee Mailing Address  
E-mail: same  
Phone # (optional): same

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3540.23</u>
Line 2: Total receipts this period (page 3, line 11)	<u>.47</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3540.70</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1094.87</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2445.83</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\</u>
Line 8: Name of bank(s) used:	<u>Enterprise Bank.</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 Doyle (Treasurer's signature) Date: 2-2-17

#### 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: 2-2-17





Commonwealth of Massachusetts

# Form CPF D 102 : Campaign Finance Report Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

CPF ID# \_\_\_\_\_

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning 11 / 11 / 15 Ending 1 / 26 / 16

**Type of report: (Check one)**

Initial Report  Year-end Report  Dissolution Report  Other

CORRIE MARTIN  
Full Name of Candidate

Lowell School Committee  
Office Sought/District

17 Summit Street, Lowell, MA 01852  
Residential Address

(978) 934-9012  
Tel. No. (optional)

Committee to Elect Corrie Martin  
Committee Name

Matthew Fleming  
Name of Committee Treasurer

17 Summit Street, Lowell, MA 01852  
Committee Mailing Address

(978) 934-9012  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 4074.02

Line 2: Total receipts this period (page 2, line 11) \$ 475.11

Line 3: Subtotal (line 1 plus line 2) \$ 4549.13

Line 4: Total expenditures this period (page 3, line 14) \$ 1009.90

Line 5: Ending balance (line 3 minus line 4) \$ 3540.23

Line 6: Total in-kind contributions this period (page 3) \$ \_\_\_\_\_

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

Line 8: Name of bank(s) used Enterprise Bank

16 FEB -3 AM 8:57  
ELECTION COMMISSION  
LOWELL, 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:

Matthew Fleming  
Treasurer's signature (in ink)

1/24/16  
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 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 A: RECEIPTS**

**INITIAL REPORT:** Report any receipts received before appointing the depository bank

**OTHER REPORTS:** You may omit schedule A information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

*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 Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
Line 9: Total receipts in excess of \$50				
Line 10: Total receipts \$50 and under				
Line 11: <b>TOTAL RECEIPTS IN THE PERIOD</b>		475	11	Enter on page 1, line 2.

**SAVINGS ACCOUNT INFORMATION**

Are there any campaign funds on deposit in savings accounts/CDs etc.?  No (go to page 3)  Yes

If yes, complete the following:

Name(s) of Bank(s) and/or CDs

Amount in account/CD etc.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SAVINGS ACCOUNT/CD TOTAL:** \$ \_\_\_\_\_

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.



**SCHEDULE B: EXPENDITURES**

**INITIAL REPORT:** Report any expenditures made before appointing the depository bank.

**OTHER REPORTS:** You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

*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.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
11/23/15	Connie Marfia	17 Summit Street Lowell, MA 01852	postage costs	470	46
11/23/15	I.A.A.T.O. K <sub>o</sub>			200	00
12/14/15	Belvidere Florist			275	63
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under				62	87
<b>Line 14: TOTAL EXPENDITURES</b>				<b>1008</b>	<b>90</b>

Enter on page 1, line 4

**SCHEDULE C: "IN-KIND" CONTRIBUTIONS**

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). 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				
<b>Line 17: Total In-kind</b>				<b>0</b>

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 contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.



### SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

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

### SCHEDULE E: DISCLOSURE OF ASSETS STATEMENT

All candidates and committees must fill in part A or part B.

**Part A:**

No assets\* were acquired or disposed of by this candidate/committee during the period covered by this statement.

**Part B:**

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset <small>Include year, model or other identifying information, if applicable.</small>	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset <small>Include year, model or other identifying information, if applicable.</small>	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value <small>Attach statement of how value is determined.</small>

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

\* An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page.



