



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF MELROSE  
REGISTRARS OF VOTERS

2015 OCT 26 PM 1:26  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

JAN 1 2015

Ending Date:

OCT 19 2015

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Donald L. Conn Jr

Candidate Full Name (if applicable)

Alderman-at-Large

Office Sought and District

30 Sunset Rd Melrose MA

Residential Address

Telephone Number (optional): 781 662-3464

Comm. Htee to Elect Donald L Conn Jr

Committee Name

April Conn

Name of Committee Treasurer

30 Sunset Road Melrose MA

Committee Mailing Address

Telephone Number (optional): 781 662-3464

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$3567.28

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

\$3020.00

Line 3: Subtotal (line 1 plus line 2)

\$6587.28

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

\$592.50

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

\$5994.78

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:

EASTERN 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)

Date: 10/26/15

### 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: 10/26/15



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# Form CPF M 102: Campaign Finance Report Municipal Form

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Fill in Reporting Period dates: Beginning Date: JAN 1 2015 Ending Date: OCT 19 2015

Type of Report: (Check one)

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

<u>DONALD L. CONN JR</u> Candidate Full Name (if applicable)	<u>Committee to Elect Donald L Conn Jr</u> Committee Name
<u>At-large</u> Office Sought and District	<u>APRIL CONN</u> Name of Committee Treasurer
<u>30 SUNSET RD MELROSE MA</u> Residential Address	<u>30 SUNSET ROAD MELROSE MA</u> Committee Mailing Address
Telephone Number (optional): <u>781 662-3464</u>	Telephone Number (optional): <u>781 662-3464</u>

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$3567.28</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$3,020.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$6,587.28</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$592.50</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$5954.78</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>EASTERN 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: April C Conn (Treasurer's signature)

Date: 10/26/15

### 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: Donald L Conn (Candidate's signature)

Date: 10/26/15



## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(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)
10/16/15	Robert Carzavello 174 Porter St Melrose, MA 02176	\$50	
10/16/15	Lawrence Caputo 12 Ellis Farm Lane Melrose, MA 02176	\$100	
10/5/15	Frederick Refalo 1 Maple Terrace Melrose, MA	\$100	
10/7/15	Stephen Refalo 12 Mt. Vernon St Melrose, MA	\$100	
10/15/15	Frank Colozzi 40 Windsor St Melrose, MA	\$100	
10/5/15	William Deane 49 Melrose St SF Melrose, MA	\$100	
10/2/15	George Doyle 145 Sewall Woods Melrose, MA	\$50	
10/15/15	Paul Fawickas 160 Howard St Melrose, MA	\$50	
10/8/15	Richard Forestiere 34 Holland Rd Melrose, MA	\$50	
10/3/15	Mark Foss 50 Temple St Melrose, MA	\$50	
9/26/15	William Gardiner 45 Boardman Ave Melrose, MA	\$100	
9/24/15	Antony Gilardi 71 East Emerson St Melrose, MA	\$50	
Line 9: Total Receipts over \$50 (or listed above)		2800	
Line 10: Total Receipts \$50 and under* (not listed above)		\$220	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$3020	← 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 (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/7/15	Joseph GULINO 20 W. Emerson St Melrose MA 02176	\$100	
9/22/15	John Higgins 47 Malvern St Melrose, Ma	\$100	
10/5/15	William Hunter 51 Melrose St 2H Melrose MA 02176	\$150	
10/2/15	Brad Hutchinson 44 Clifford St. Melrose, Ma	\$100	
10/13/15	Marta Hutchinson 176 Boardman Ave Melrose, Ma	\$50	
10/15/15	Michael Interbartolo 44 Albert St Melrose Ma	\$100	
10/5/15	Louis IZZI 45 Damon Ave Melrose, Ma	\$100	
9/26/15	Daniel Kelleher 67 Meridian St Melrose Ma	\$100	
10/3/15	Richard Lyons 22 Sherwood Rd Melrose, Ma	\$50	
10/8/15	James McAvoy 723 Main St Melrose, Ma	\$100	
10/7/15	Paul McGee 75 School St Melrose Ma.	\$50	
10/13/15	Joseph Murphy 28 Temple St Melrose Ma	\$50	
6/30/15	No. New Eng. Laborers Council 7 Laborers Way Hopkington Ma	\$500	LABOR UNION .

Line 9: Total Receipts over \$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 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)
10/5/15	Daniel O'Neil 340 Main St Unit 703 Melrose Ma	\$100	
10/1/15	Joseph Sullivan 10 Birch Hill Road Melrose Ma.	\$100	
9/22/15	JAMES URLLOW 5 Brookledge Rd Melrose Ma	\$100	
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</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)**[illegible]

Line 12: Expenditures over \$50 (or listed above)

\$592.50

Line 13: Expenditures \$50 and under\* (not listed above)

C

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

\$592.50

\* 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
	None			
			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	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
	NONE			
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				0