

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	ONTY OF ERK MELICOSE - MA File with: Gity-on-Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1	/2\ Ending Date: 12/31/2\
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
DONALD CONN TR Candidate Full Name (if applicable)	Committee Name
Office Sought and District 30 SUNSET RJ, MEROSC, MG	Name of Committee Treasurer 30 SUNSET ROUD, MELROSE, Mg
Residential Address	Committee Mailing Address
E-mail: <u>donoscpclaw.com</u> Phone # (optional): 978 531-1710	E-mail: Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	\$1,444
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	\$1,444
Line 4: Total expenditures this period (page 5, lin	e 14) 620
Line 5: Ending Balance (line 3 minus line 4)	824
Line 6: Total in-kind contributions this period (pa	ge 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Easton	V Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1//22
	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/22

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		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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ine O: Total Passi	pts over \$50 (or listed above)	0		
			1	
Line 10: Total Receipts \$50 and under* (not listed above)		0		
ing 11, TOTAL D	ECEIDES IN THE DEDICE		1	
_	ECEIPTS 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.

(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.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
5/10/21	AARP Foundation	GDIESTREET NW Washington DC	contribution	20
2/11/21	College of the Holy Cross	Linder Lane Worcester, Ma	charitable contribution	120
2/2/21	comm. To elect Ted Better court	1 America Drive Peabody Ma 01960	CONTRIBUTION	100
19/31/21	Habitat For Humanity	322W.Lamor St Americus Ga.	charitable CONTRIBUTION	50
3/22/21	Salvation	P.O. BOX 55876 BOSTON/Mass	charitable Contribution	30
9/ /21	Tufts medical Couter	Bostun, Ma.	charitable Contribution	50
3/3/21	Tufts University	Medfurd, Ma	Charitable Contribution	100
4/19/21	wounded warrior project	4899 Belfort Rd. Jacksonville, Fla	charitable	20
8/4/21	Xaveria N Brotuss	4409 Frederick Ave Baltimore , Md	Charitable Contribution	100
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			620	

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	
		Line 12. Expenditures over \$50		
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 → mized expenditures of \$50 and under	Line 14: TOTAL EXPENDIT		L

^{*} 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
			,	
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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.

Page 6

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 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			0