

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

FITCHBURG CITY CLERK

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e with:	2012 JAN 24 P 12: 52
y or Town Clerk or Election Commission Please print or type all info	
Fill in dates: Reporting Period Beginning 10/22/11 Date Year	Ending 12 31 //
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	n □30 day after election
Marcus L. DiNatale Full Name of Candidate (if applicable) Councilor at -large - Fitchburg	Committee Name
Office Sought and District 459 South St., Aot, 311	Name of Committee Treasurer
Residential Address 978-790-359.5	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prev Line 2: Total receipts this period (Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this pe Line 5: Ending balance (line 3 minus l Line 6: Total in-kind contributions ti Line 7: Total (all) outstanding liabili Line 8: Name of bank(s) used	riod (page 3, line 14) S
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this co- constitutions, incurred any liabilities nor made any expenditures on my behalf of Candidate without Committee OR Candidate with Independent activity	to the best of my knowledge and belief, a true and complete statement of all campaign mimittee in accordance with the requirements of M.O.L. c. 55. I have not received any airing this reporting period. filling separate report to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
Candidate signature (in ink)	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 tumize 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 Should include only those receipts not iten	

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

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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	Amou	nt
12/31/11	Fidelity Bank	G75 Main St. Fuchbry, MA 0142E	Dormant Account	5	00
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		·			
					-
			: Expenditures over \$50	5	00
	Enter on page 1, line 4		Expenditures \$50 and under the EXPENDITURES		OC)

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

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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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•				
				-
		Ti 16.	In-kind over \$50	_
	· -	<u></u>		
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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
			•	
<u> </u>	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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