



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2013 JAN 10 P 6:38

Fill in dates:

Reporting Period	Beginning	Month	Date	Year	Ending	Month	Date	Year
	January	1	2012		December	31	2012	

Type of report: (Check one)

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

John M. (Jack) Connolly
Full Name of Candidate (if applicable)

Alderman At Large
Office Sought and District

17 Winslow Ave Somerville MA 02144
Residential Address

(617) 028-1076
Tel. No. (optional)

Committee to Elect John M. Connolly
Committee Name

Gail Connolly
Name of Committee Treasurer

17 Winslow Ave Somerville MA 02144
Committee Mailing Address

(617) 028-1076
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 280 ²¹
Line 2: Total receipts this period (page 2, line 11)	\$ 202 ⁹²
Line 3: Subtotal (line 1 plus line 2)	\$ 483.13
Line 4: Total expenditures this period (page 3, line 14)	\$ 250.34
Line 5: Ending balance (line 3 minus line 4)	\$ 232.79

Line 6: Total in-kind contributions this period (page 4)	\$ - 0 -
Line 7: Total (all) outstanding liabilities (page 4)	\$ 38,891 ⁰⁰
Line 8: Name of bank(s) used	Central 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.

Gail Connolly
Treasurer's signature (in ink)

Signed under the penalties of perjury: _____
Date: 12/31/2012

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.

[Signature]
Candidate signature (in ink)

Signed under the penalties of perjury: _____
Date: 12/31/2012

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)
1/14	Committee to Elect Joe Curtatore Somerville MA 02143	100	00	political group
Line 9: Total receipts in excess of \$50 (or listed above)		100	00	
Line 10: Total receipts \$50 and under* (not listed above)		102	92	
Line 11: TOTAL RECEIPTS IN THE PERIOD		202	92	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.
Page 2

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
		NONE		
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	- 0 -

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
12/31/2012	Balance carried from previous report		LOAN	38,891 ⁰⁰
			Line 18: OUTSTANDING LIABILITIES (ALL)	\$38,891 ⁰⁰

Enter on page 1, line 7