



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: 1/1/18 Ending Date: 4/23/18

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

Thomas C. O'Connor
Candidate Full Name (if applicable)
Town Council
Office Sought and District
3 Lombard Ave, E. Longmeadow
Residential Address
E-mail: _____
Phone # (optional): 427-3777

Committee Name

Name of Committee Treasurer

Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

| | |
|--|------------|
| Line 1: Ending Balance from previous report | <u>0</u> |
| Line 2: Total receipts this period (page 3, line 11) | <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>0</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <u>0</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>0</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>N/A</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: _____

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: Thomas O'Connor (Candidate's signature) Date: 4/20/18



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN OF EAST LONGMEADOW

TOWN CLERK RECEIVED

2018 JUN -1 AM 11: 23
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

| | |
|--|--------------------------------|
| Line 1: Ending Balance from previous report | <input type="text" value="0"/> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text" value="0"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text" value="0"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="0"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="0"/> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text" value="0"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="0"/> |
| Line 8: Name of bank(s) used: | <input type="text"/> |

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Signed under the penalties of perjury: _____ (Treasurer's signature) Date:

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

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Candidate without Committee OR Candidate with independent activity filing separate report
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Signed under the penalties of perjury: (Candidate's signature) Date:



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF EAST LONGMEADOW

TOWN CLERK
RECEIVED

2018 JUN 22 AM 10:15
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

| SUMMARY BALANCE INFORMATION: | |
|--|-----------------------------------|
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| Line 6: Total in-kind contributions this period (page 6) | <input type="text" value="0"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="0"/> |
| Line 8: Name of bank(s) used: | <input type="text" value="NONE"/> |

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Signed under the penalties of perjury: _____ (Treasurer's signature) Date:

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Candidate without Committee OR Candidate with independent activity filing separate report
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Signed under the penalties of perjury: (Candidate's signature) Date:

