

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

(Candidate's signature)

TATAGO DE CAMPANO DE C	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jan	nuary 1, 2025 Ending Date: 3: March 28, 2025
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	10 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
James F. O'Donnell Jr. Candidate Full Name (if applicable) Housing Authority Commission Billerica, MA Office Sought and District 4 Ravine Rd Billerica, MA01821 Residential Address	Committee Name Name of Committee Treasurer Committee Mailing Address
E-mail: jimbreod@verizon.nwt	B-mail:
Phone # (optional):	Phone # (optional):
VIA Y A G VCG A MARTES	SE INTEGRALATION.
SUMMARY BALANC	JE INFORMATION:
Line 1: Ending Balance from previous report	ø
Line 2: Total receipts this period (page 3, line 11)	<i>d</i>
Line 3: Subtotal (line 1 plus line 2)	4
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	4
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	4
Line 8: Name of bank(s) used:	- d
Affidavit of Committee Treasurer:	i i
Athdavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind 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:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acting incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.

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.)

Data Danima	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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			The state of the s
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ing Or Total Day	mta aven \$50 (au linta d - linta d		
THE A: FOURT RECEI	pts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
11. TOTAL	DECEMBED IN THE REPLAN		
me II: IUIAL b	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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Accorda			
		Becommodification management and property of the second	
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		e 9. Line 10 show	ald include only those receipts not itemized above.

Page 3

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)

eport 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	
MATERIAL PROPERTY OF THE PROPE					
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		7][[
<u> </u>				• •	
-		Line 12: Total Presenditure	m \$50 (on list d -1)		
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
			and the Heiser above)		
	Enter on noge 1 line 4 -	Line 14: TOTAL EXPENDITU	IDEC IN TITE DEDICE		

^{*} 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 B: EXPENDITURES (continued)

	To Whom Paid		P	<u> </u>
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		1		
-				
			,	
Line 12: Expenditures over \$50 (or listed above)				
	Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1 line $A \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
		include them in line 12. Line 13 s		<u> </u>

^{*} 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		1 Value	
	·				
·					
	:				
		·			
	1	Line 15: In-Kind Contributions over \$50 (or listed above)			
		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.

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SCHEDULE D: LIABILITIES

A Láry,

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.

Address Purpose Amount	curred To Whom Due Address		
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		. ,	
ine 18: TOTAL OUTSTANDING LIABILITIES (ALL)	Enter on page 1, line 7 →		

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