



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2015 Ending Date: August 24, 2015

Type of Report: (Check one)

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

CITY CLERK  
MEDFORD, MASS.

Leonore J. Eforo  
Candidate Full Name (if applicable)

City Councilor, Medford, Massachusetts  
Office Sought and District

48 Rural Avenue, Medford, MA 02155  
Residential Address

Telephone Number (optional): \_\_\_\_\_

N/A (candidate does not have a committee)  
Committee Name

N/A (Candidate manages herself)  
Name of Committee Treasurer

N/A  
Committee Mailing Address

Telephone Number (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>\$ 350.63</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 350.63</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 350.63</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	_____
Line 7: Total (all) outstanding liabilities (page 7)	_____
Line 8: Name of bank(s) used:	<u>Citizens Bank</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: Leon J Eforo (Candidate's signature)      Date: 08-24-15

### 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 (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
08/20/15	Leonore J. Eford	\$350.63	Leonore J. Eford, 48 Rural Avenue, Medford MA. Primary caretaker of my children, not currently employed for compensation.
Line 9: Total Receipts over \$50 (or listed above)		\$350.63	
Line 10: Total Receipts \$50 and under* (not listed above)		Ø	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$350.63	← 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.







## FAX COVER SHEET

File  
copyNo. pages 7 + coverTo: Edward P. Finn  
City Clerk, City of Medford

FROM: Leonore Eforo (781-883-2458)

DATE: August 25, 2015

FAX #: 781-391-1895

Subject: 1st Campaign Finance Statement, 2015

Dear Mr. Finn,

Following please find my campaign finance statement. I will also send the originals to you.

Sincerely,  
Leonore Eforo