781-395-6672 FRANK O'SULLIVAN

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

REGISTRAR OF VOTERS
2015 OCT 26 P 2:02
MEDFORD

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/26/15 Ending Date: 10/25/15

Type of Report: (Check one)

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

Neal E. McSweeney
Candidate Full Name (if applicable)

City Council
Office Sought and District

115 McCormack Ave, Medford
Residential Address

Telephone Number (optional): 617-601-6976

N/A
Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$ 0
Line 2: Total receipts this period (page 2, line 11)	$ 1,070
Line 3: Subtotal (line 1 plus line 2)	$ 1,070
Line 4: Total expenditures this period (page 3, line 14)	$ 190.67
Line 5: Ending Balance (line 3 minus line 4)	$ 879.33
Line 6: Total in-kind contributions this period (page 4)	—
Line 7: Total (all) outstanding liabilities (page 4)	$ 412.62
Line 8: Name of bank(s) used: Citizens 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 the 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: [signature] (Treasurer's signature) Date: 10/26/15

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

Candidate with 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, by 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 liability or not made any expenditures on my behalf during this reporting period.

Candidate without 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, 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: [signature] (Candidate's signature) Date: 10/26/15

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)
9/16/15	Neal McSweeney 115 McCormack Ave Medford, MA	5.00	—
9/17/15	Michael Casullo 130 Murray St. Malden, MA 02148	250-	Boston Capital Tax Department
9/21/15	Utility Workers Union of America	500-	Union Contribution
9/23/15	Neal McSweeney 115 McCormack Ave Medford, MA	5-	—
9/30/15	Neal McSweeney 115 McCormack Ave Medford, MA	5-	—
10/6/15	Assoc of Heat & Frost Insulators 303 Freeport St. Boston, MA 02122	200-	Union Contribution
10/7/15	Neal McSweeney 115 McCormack Ave Medford, MA	5-	—
10/10/15	William Leahy & Robert Stabile 57 Clement Ct. Haverhill, MA 01832	100-	—

Line 9: Total Receipts over $50 (or listed above)		
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD	1,070	← 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 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	Value

*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.

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	

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
9/7/15	Maureen McSweeney	115 McCormack Ave Medford, MA 02155	Home depot spray bottles	5.48
9/8/15	Maureen McSweeney	"	Oriental Trading Company (tattoos)	84.98
9/15/15	Maureen McSweeney	"	Sign depot for Campaign Signs	270.00
9/26/15	Maureen McSweeney	"	Parking / Donuts for Sign Holders	13.00
10/3/15	Maureen McSweeney	"	Dunkin Donuts for Sign Holders	26.44
9/26/15 & 10/26/15	Maureen McSweeney	"	Godaddy.com	12.72
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			412.62