



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

Commonwealth
of Massachusetts

File with:

City or Town Clerk or Election Commission Please print or type all information, except signatures.

2011 JAN 13 P 7:02

Fill in dates:

Reporting Period Beginning Month 01 Date 01 Year 2010 Ending Month 12 Date 31 Year 2010

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
Residential Address 02144
617-628-1076
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
617-628-1076
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 8346.00
Line 2: Total receipts this period (page 2, line 11) \$ 1425.00
Line 3: Subtotal (line 1 plus line 2) \$ 9771.00
Line 4: Total expenditures this period (page 3, line 14) \$ 2100.00
Line 5: Ending balance (line 3 minus line 4) \$ 7671.00
Line 6: Total in-kind contributions this period (page 4) \$ NONE
Line 7: Total (all) outstanding liabilities (page 4) \$ 3589.00
Line 8: Name of bank(s) used CENTRAL COOP 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.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Gail D. Connolly

1/13/2011
Date

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.

Signed under the penalties of perjury:

Candidate signature (in ink)

John M. Connolly

Jan 13, 2011
Date

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) |
|--|---|--------|----|---|
| | See Attached | | | |
| | Summary | | | |
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| | | | | |
| Line 9: Total receipts in excess of \$50 (or listed above) | | 1425 | 00 | |
| Line 10: Total receipts \$50 and under* (not listed above) | | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 1425 | 00 | 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.

1/1/2010 - 12/31/2010

A.

John M. Sach' Connelly

Campaign Finance Receipt Report

Amount

Occupation (if \$200+)

John Amaral
90 College Avenue, Suite 1
Somerville, MA, 02144

\$200.00 ✓

College Professor
Berkeley School of Music

Houman Baiany
DBA Dunkin Donuts
244 Elm Street
Somerville, MA, 02144

\$100.00 ✓

Neal Bastas
84 Holland Street
Somerville, MA, 02144

\$50.00 ✓

Paul Collyer
224 1/2 Chandler Street #2
Worcester, MA, 01609

\$250.00

Event Management
Owner

Peter and Janice Forcellese
53 Harrington St
Teaticket, MA, 02536

\$100.00 ✓

Insurance Agents and Brokers of Massachusetts
Political Action Committee
137 Pennsylvania Avenue
Framingham, MA, 01701

\$100.00 ✓

Richard and Maureen Liberatore
42 Bay State Ave
Somerville, MA, 02144

\$100.00 ✓

Harry O. Meehan
14 Driftwood Road
Jamaica Plain, MA, 02130-0019

\$50.00 ✓

Kristopher & Mary Ogonowsky
444 Somerville Avenue
Somerville, MA, 02143

\$200.00 ✓

Auto Body Repair
Shop Owner

(Continued)

1/1/2010 - 12/31/2010

A.

John M. Jack Connolly

Thomas O'Hare \$25.00
75 Curtis St
Somerville, MA, 02144

Charles Sillari, Jr. \$100.00
92 Highland Ave
Somerville, MA, 02143

Somerville Firefighters Association \$100.00
Local 76
266 Broadway
Somerville, MA, 02145-2916

Edwin J. Smith \$50.00
403 Highland Ave, Suite 209
Somerville, MA, 02144
617-625-2244

\$1425.00

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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount | |
|---------------------------------------|---|---|------------------------|--------|----|
| 7/22/2000 | CTE Albano, MA. | 56 Roland St Suite 100 Somerset 02179 | Campaign Donation | 100 | 00 |
| 11/15/2000 | WEDGWOOD-CRANE Connellly Ins. Agency | 19 College Ave Somerville | Loan Repayment | 2,000 | 00 |
| Line 12: Expenditures over \$50 | | | | 2100 | 00 |
| Line 13: Expenditures \$50 and under* | | | | — | |
| Line 14: TOTAL EXPENDITURES | | | | 2100 | 00 |

Enter on page 1, line 4

*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.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---------------|---------------------|---------------------|-----------------------------|---------------------------------|
| | <i>None</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | Line 15: In-kind over \$50 |
| | | | | Line 16: In-kind \$50 and under |
| | | | | Line 17: Total In-kind |

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 |
|---------------|---------------------------|---------|---------|---|
| | <i>(From Last Report)</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | Line 18: OUTSTANDING LIABILITIES (ALL) |

Enter on page 1, line 7

35891.00