

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

FITCHBURG CITY CLERK

2011 050	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: SEP Beginning Date 32 Jan	1, 2011 Ending Date: Sep 9, 2011
Type of Report: (Check one)	
	30 day after election  year-end report dissolution
ANGELO J BISOL JR	
Candidate Full Name (if applicable)	Committee Name
COUNCILOR - AT - LARGE	
Office Sought and District	Name of Committee Treasurer
241 STONEYBROOK RD. FITCHBURG MA 01420	0
Residential Address	Committee Mailing Address
Telephone Number (optional): (508) 431-3236	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11	1,805
Line 3: Subtotal (line 1 plus line 2)	1,805
Line 4: Total expenditures this period (page 5, li	ne 14) 1,804.72
Line 5: Ending Balance (line 3 minus line 4)	0.28
Line 6: Total in-kind contributions this period (p	page 6)
Line 7: Total (all) outstanding liabilities (page 7	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kine finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
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 to activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period.
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to t finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	he best of my knowledge and belief, a true and complete statement of all campaign its, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: Sep 13, 2011

#### **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)
Jul 12, 2011	ANGELO J BISOL JR	1,805	SELF
***	The state of the s	Microsoft St. Produkt Make Str. Indianation And Production	And the second s
Line 9: Total Rece	ipts over \$50 (or listed above)	1,805	
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	1,805	Enter on page 1, line 2

<sup>\*</sup> 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 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.)

report all expenditures. Please include your committee name and a page number on each page.)			
To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
AQUECS	916 BYRD AVE NEENAH, WI. 54956	LAWN SIGNS	997.16
VISTAPRINT	100 HAYDEN AVE LEXINGTON MA. 02421	HOLDER BUSINESS CARDS	42.96
VISTAPRINT	100 HAYDEN AVE LEXINGTON MA. 02421	BUSINESS CARDS POSTERS LABEL	187.56
VISTAPRINT	100 HAYDEN AVE LEXINGTON MA. 02421	CAR MAGNETS HATS	227.67
VISTAPRINT	100 HAYDEN AVE LEXINGTON MA. 02421	POSTCARDS	85.08
VISTAPRINT	100 HAYDEN AVE LEXINGTON MA. 02421	POSTCARDS	98.27
VISTAPRINT	100 HAYDEN AVE LEXINGTON MA. 02421	HATS	166.02
Line 12: Total Expenditures over \$50 (or listed above)		1,804.72	
Line 13: Total Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	1,804.72
	To Whom Paid (alphabetical listing)  AQUECS  VISTAPRINT  VISTAPRINT  VISTAPRINT  VISTAPRINT  VISTAPRINT	Address  AQUECS  P16 BYRD AVE NEENAH, WI. 54956  VISTAPRINT  LOO HAYDEN AVE LEXINGTON MA. 02421   VISTAPRINT  LOO HAYDEN AVE LEXINGTON MA. 02421  LIOO HAYDEN AVE LEXINGTON MA. 02421	TO Whom Paid (alphabetical listing)  Address  Purpose of Expenditure    Address

<sup>\*</sup> 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 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
		·		
			·	
		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				

<sup>\*</sup> 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**

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
			:	
N	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	