



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

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METHUEN, MA

Commonwealth
of Massachusetts

2016 JAN 19 PM 4:10

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10/25/15

Ending Date:

12/31/15

Type of Report: (Check one)

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

Jana DiNatale

Candidate Full Name (if applicable)

Methuen School Committee

Office Sought and District

170 Bay State Rd, Methuen, MA 01844

Residential Address

Telephone Number (optional):

9784900236

Committee to Elect Jana DiNatale

Committee Name

David DiNatale

Name of Committee Treasurer

170 Bay State Rd, Methuen, MA 01844

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

471.14

Line 3: Subtotal (line 1 plus line 2)

471.14

Line 4: Total expenditures this period (page 5, line 14)

471.14

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

2967.97

Line 8: Name of bank(s) used: Salem Co-Operative 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)

Date: 1/19/16

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:

(Candidate's signature)

Date: 1/19/16

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.)

* 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)

N/A

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

← 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 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.)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page _____

SCHEDULE B: EXPENDITURES (continued)

N/A

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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.

Line 15: In-Kind Contributions over \$50 (or listed above)

Line 16: In-Kind Contributions \$50 & under (not listed above)

Line 17: TOTAL IN-KIND CONTRIBUTIONS

Enter on page 1, line 6 →

Enter on page 1, line 6 → **Line 17. FOF12**

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
9/21/13	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	61.98
9/27/13	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	295.32
10/11/13	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	101.58
10/22/13	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	82.14
10/30/13	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	74.59
11/3/13	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	25.00
11/10/13	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	13.41
10/24/15	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	1967.81
11/2/15	Jana DiNatale (loan to CTEJD)	170 Bay State Rd, Methuen, MA 01844	Loan from Candidate	346.14

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

2967.97