

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with City - Town Cl. 1 Pt. 11 G
Fill in Reporting Period dates: Beginning Date: 10	File with: City or Town Clerk or Election Commission Ending Date: 12/3/
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election
Domingo J. Dominguez Candidate Full Name (if applicable) City Councilor At-Large Office Sought and District. Residential Address E-mail: Congress Ground.	Committee to E (ect Committee Name Name of Committee Treasurer Committee Mailing Address E-mail:
Phone # (optional): 978 815 1089	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	4/4 83
Line 2: Total receipts this period (page 3, line 11)	650 2
Line 3: Subtotal (line 1 plus line 2)	654.83
Line 4: Total expenditures this period (page 5, line	14) 600-22
Line 5: Ending Balance (line 3 minus line 4)	54.83
Line 6: Total in-kind contributions this period (pag	e6) 250- 9
Line 7: Total (all) outstanding liabilities (page 7)	\varnothing
Line 8: Name of bank(s) used: Easter	- BAnk
ffidavit of Committee Treasurer: Dertify that I have examined this report including attached schedules and it is, to the best of tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contained activity of all persons acting under the authority or on behalf of this committee in accordance activity of all persons acting under the authority or on behalf of this committee in accordance under the penalties of perjury:	ITTINITIONS and lightlifted for this remember
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	niy)
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 activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting per	nance with the requirements of M.G.L. c. 55. I have not received any contributions, iod.
Candidate without Committee OR Candidate with independent activity filing separary I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, incampaign finance activity of all persons acting times the authority or on behalf of this contributions.	t of my knowledge and belief, a true and complete statement of all campaign

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.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
e 9: Total Receipt	s over \$50 (or listed above)			
e 10: Total Receip	ts \$50 and under* (not listed above)			
e 11: TOTAL RE	CEIPTS 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/1/19	Anthony Odonnell 35 Washington SQ.	500.00	Euneral & Cremation Service
11/1/19	At Blue	150-2	
		4	
Line 9: Total Receipts	s over \$50 (or listed above)	500	
Line 10: Total Receipt	s \$50 and under* (not listed above)	150	
	CEIPTS IN THE PERIOD	650 €	
11 you have itemized re	ceipts of \$50 and under, include them in line 9.	Line 10 should in	nclude only those receipts not itemized above.

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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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11/1/19	Thrifteo	Sto Pulosk's Peobody, MA	Signs	2023
1/3/19	Dankin D. Bis			100 - 8
		Line 12: Total Expenditures over \$50 (or listed above)		500
		Line 13: Total Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD [Figure 12 Line 13 Line 13 Line 13 Line 13 Line 14 Line 15 Line 15 Line 16 Line 17 Line 17 Line 18 Line 18 Line 18 Line 19 Lin				

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
	r es	-		
	;	Line 12: Expenditures over \$50	(or listed above)	
	1	Line 13: Expenditures \$50 and u	nder* (not listed above)	
	Enter on page 1. line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITU	RES 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
11/5/19	Brothen Tarerns	283 Derby 5+	Victory Porty	J50:9	
		Line 15: In-Kind Contributions	250		
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	250	

^{*} 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
	Enter on page 1, line $7 \rightarrow I$	ine 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	\equiv