

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	
Fill in Reporting Period dates: Beginning Date: 03	File with: City or Town Clerk or Election Commiss 3/20/2025 Ending Date: 03/21/2025
Type of Report: (Check one)	
☐ 8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution
Barbara McDonald	
Candidate Full Name (if applicable) Needham Housing Authority, Norfolk County	Committee Name
Office Sought and District 147 Pickering Street, Needham, MA 02492	Name of Committee Treasurer
Residential Address E-mail: mcdonald4needham.com	Committee Mailing Address
Phone #: 781-226-4309	E-mail:
	Phone #:
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report	\$0
Line 2: Total receipts this period (page 3, line 12)	\$0
Line 3: Subtotal (line 1 plus line 2)	\$0 \$2 £6
Line 4: Total expenditures this period (page 5, line 1:	5) \$0
Line 5: Ending Balance (line 3 minus line 4)	\$0
Line 6: Total in-kind contributions this period (page 6	5, line 18) \$36.78
Line 7: Total (all) outstanding liabilities (page 7, line	
Line 8: Total out-of-pocket expenses this period (page	l.
Line 9: Name of bank(s) used:	
ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the bestivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind nance activity of all persons acting under the authority or on behalf of this committee in	st of my knowledge and belief, a true and complete statement of all campaign finance
mance activity of all persons acting under the authority or on behalf of this committee in igned under the penalties of perjury:	n accordance with the requirements of M.G.L. c. 55.
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	(Treasurer's signature) Date:
Candidate with Committee	e best of my knowledge and belief a true and complete statement of the
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief a true and complete
gned under the penalties of perjury:	Date: (2/30/25

SCHEDULE A: RECEIPTS

M,G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer	
	None	Amount	(for contributions of \$200 or more)	
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Addres (alphabetical listing required)	S Amount	Occupation & Employer (for contributions of \$200 or more)
			The state of the s
	over \$50 (or listed above)	\$0	* If you have itemized receipts of \$50 and
te 11: Total Receipts \$	\$50 and under (not listed above)	\$0	should include only those receipts not
12: TOTAL RECE	EIPTS IN THE PERIOD	\$0 ←	itemized above. Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	
	None		- ar pose of expenditure	Amount
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	EDULE B: EXPENDITURES		
	("P-wotten insting)	Address	Purpose of Expenditu	re Amoun
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* **				
" If you have item	rized expenditures of \$50	I in a 12. Eyron J!		
"" wilder incline	them in line 13. Line 14 by those expenditures not	Line 13: Expenditures over \$50	(or listed above)	\$0
item	y tnose expenditures not ized above.	Line 14: Expenditures \$50 and	and a fee the same	
		Line 14: Expenditures \$50 and under (not listed above)		\$0
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES IN THE DEDICE	60
	1		- ZHE LERIUD	\$0

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contributi	
03/15/2025	Barbara McDonald	147 Pickering Street	Campaign website	\$36.78
	E. Santa			
TE VALUE				
o and under, inc	nized in-kind contributions of Clude them in line 16. Line 17	Line 16: In-Kind Contributions over \$50 (or listed above)		\$36.78
should metade	only those expenditures not emized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		\$0
		Line 18: TOTAL IN-KIND CONTRI		\$36.78

SCHEDULE D: LIABILITIES

M.G.L.rc. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred		Address	Purpose	A
	None			Amoun
			THE RESERVE OF THE PERSON OF T	
	Enter on page 1, line 7 -> 1	ine 10. TOTAL OTTES		
	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)			\$0