

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Compaign and Political Finance NEEDHAM, MA 02492

Office of Campaign and Political Finance

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Fill in Reporting Period dates: Beginning Date: 03/22/202	File with: City or Town Clerk or Election Commission  Ending Date: 04/28/2025
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 2 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 Phone	
SUMMARY BALANCE INF	TORMATION:
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
Line 4: Total expenditures this period (page 5, line 15)	\$0
Line 5: Ending Balance (line 3 minus line 4)	\$0
Line 6: Total in-kind contributions this period (page 6, line 18)	\$190.17
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$0
Line 8: Total out-of-pocket expenses this period (page 8, line 22	2) \$0
Line 9: Name of bank(s) used:	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of my knotivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution in ance activity of all persons acting under the authority or on behalf of this committee in accordance signed under the penaltics of perjury:	owledge and belief, a true and complete statement of all campaign finance ns and liabilities for this reporting period and represents the campaign e with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best of my activity, of all persons acting under the authority or on behalf of this committee in accordance we incurred any liabilities nor made any expenditures on my behalf during this reporting period that	knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions, t are not otherwise disclosed in this report.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind or campaign finance activity of all persons active under the authority or on behalf of this candidate.	knowledge and belief, a true and complete statement of all campaign
igned under the penaltics of perjury:	(Candidate's signature) Date: 5/8/25

#### **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 \$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. 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.

Name and Residential Address  Output  Date Received (alphabetical listing required)  Am			Occupation & Employer	
Date Neceived	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
	None			
		]]		
1				
	1			
	1			
	1	111		

#### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ino 10, T-4-1 D			
	pts over \$50 (or listed above)  pts \$50 and under (not listed above)	\$0 \$0	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
	ECEIPTS IN THE PERIOD	\$0	should include only those receipts not itemized above.
		Ψυ	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	D an	
Date Faid		Address	Purpose of Expenditure	Amount
	None			
			1	
1			1	

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid Paid (alphabetical listing)			
Date Faid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have	itemized expenditures of \$50	Line 12. Every 12.	11	
and under, incl	and under, include them in line 13. Line 14		\$0	
รมบนเน เมตเนติย i	e only those expenditures not temized above.	Line 14: Expenditures \$50 and under (not listed above)		\$0
	Enter on page 1 line $4 \rightarrow$	Line 15: TOTAL EXPENDITU		(CO
	on page 1, into 4	LIGO IS, TOTAL EARENDITU	AES IN THE PERIOD	\$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 received 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

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
03/22/25	Barbara McDonald	147 Pickering Street	Flyers and business cards	\$190.17
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		\$190.1		
snould inclu	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		\$0
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	TRIBUTIONS IN THE PERIOD	\$190.17

## SCHEDULE D: LIABILITIES

M.G.L. c. 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	To Whom Due	Address	Purpose	Amount
	None			
				] [ ]
	Enter on page 1, line $7 \rightarrow 1$	Line 19: TOTAL OUTSTAND	ING LIABILITIES (ALL)	\$0