



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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DRACUT, MA

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month Date Year Ending Month Date Year  
JANUARY 1, 2011 APRIL 25 2011

Type of report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Robert O. Cox  
Full Name of Candidate (if applicable)  
SELECTMAN  
Office Sought and District  
122 BLACK OAK LN.  
Residential Address  
DRACUT, MA  
Tel. No. (optional)

Comm. To Elect Bob Cox  
Committee Name  
LESUE A. COX  
Name of Committee Treasurer  
122 BLACK OAK LN  
Committee Mailing Address  
DRACUT, MA.  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>4355.92</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3684.50</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>8040.42</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1206.25</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>6834.17</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>TD BANK</u>

**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.  
Lesue A. Cox Signed under the penalties of perjury: 4/25/11  
Treasurer's signature (in ink) Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**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.  
Robert O. Cox Signed under the penalties of perjury: 4/25/11  
Candidate signature (in ink) Date

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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.

This page may be copied 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)
3/27	BRIAN CALLAHAN 136 FARMGUT ST. DRACUT <del>Lowell</del>	200 00	Police officer
3/27	DENNIS CORMIER 40 FROTHINGHAM Lowell	100 00	
3/26	JOHN COX 144 BUTMAN ST Lowell	100 00	
3/25	DAVID DALY 225 STEADMAN ST. Lowell	100 00	
3/27	HARVEY GAGNON 1483 HILDRETH ST. DRACUT	200 00	RETIRED
3/27	JOHN KELLEY 104 BLACK OAK DRACUT	100 00	
3/27	COLLEEN LOVERING 55 BELVIDERE CIR. Lowell	200 00	NURSING HOME ADMINISTRATOR
3/27	LAWRENCE MCGINNESS 167 LEXINGTON DRACUT	100 00	
3/27	MICHAEL McNAMARA 34 BROX RD. DRACUT	100 00	
3/26	JAMES MORIARTY 25 McINTOSH Rd Chelmsford	100 00	
3/26	VICTOR OLSON 80 SUE ANN DR. DRACUT	100 00	
3/7	JOHN SPINNEY PO BOX 946 DRACUT	100 00	
3/22	MICHAEL ZAIM 755 DUTTON ST. Lowell	500 00	
Line 9: Total receipts in excess of \$50 (or listed above)		2000 00	
Line 10: Total receipts \$50 and under* (not listed above)		1684 50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3684 50	Enter on page 1, line 2

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\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
Enter on page 1, line 6			<b>Line 17: Total In-kind</b>	<i>D</i>

\* 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.

**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			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	<i>D</i>

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