



**Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance **FITCHBURG CITY CLERK**

File with: City / Town Clerk or Election Commission

15 OCT 30 15 43

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name: <u>Edward Charles Rhone</u>
	Residential Address: <u>139 Mt. Vernon St.</u>
	City / State / Zip: <u>Fitchburg MA 01420</u>
	E-Mail Address: <u>ecrhone@yahoo.com</u> Phone #: <u>9784005485</u>
	Party Affiliation: _____ (If applicable)
OFFICE SOUGHT/PURPOSE:	
	Title: <u>School committee member</u>
	District: <u>Fitchburg MA</u>

COMMITTEE:	Name of Committee: <u>Rhone for Fitchburg School Committee</u> <small>(The name of the committee must include the candidate's last name)</small>
	Committee Mailing Address: <u>139 Mt. Vernon St.</u>
	City / State / Zip: <u>Fitchburg MA 01420</u> Phone #: <u>9784005485</u>

OFFICERS:	
Chairman: <u>David Thibault - Muñoz</u>	Treasurer*: <u>Pausha Rhone</u>
Residential Address: <u>51 Longwood Ave.</u>	Residential Address: <u>139 Mt. Vernon St.</u>
City / State / Zip: <u>Fitchburg MA 01420</u>	City / State / Zip: <u>Fitchburg MA 01420</u>
Phone #: <u>508-404-4365</u>	Phone #: <u>857 891 4483</u>
	<small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____

(Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

EC Rhone
Candidate's signature

Date: 10/30/15

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: _____

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

Date: _____

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/9/15	Edward Rhone 139 Mt. Vernon St. #1420 Fitchburg MA 01420	\$88.06	
Line 9: Total Receipts over \$50 (or listed above)		\$88.06	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$88.06	← 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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2015 Ending Date: 10/16/2015

Type of Report: (Check one)

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

Edward Charles Rhone
Candidate Full Name (if applicable)

School committee member
Fitchburg
Office Sought and District

139 Mt. Vernon St. Fitchburg MA 01420
Residential Address

Telephone Number (optional): 978-400-5485

Rhone for Fitchburg School Committee
Committee Name

Paysha Rhone
Name of Committee Treasurer

139 Mt. Vernon St. Fitchburg MA 01420
Committee Mailing Address

Telephone Number (optional): 857-891-4483

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$88.06</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$88.06</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$88.06</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	

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: _____

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: _____

BofA Core Checking - 9209: Account Activity Transaction Details

Post date: 10/09/2015

Amount: -88.06

Type: Debit card

Purchaser: EDWARD C RHONE

Description: Staples, Inc 10/09 #000565626 PURCHASE
Staples, Inc LEOMINSTER MA

Merchant category: Stationery, Office, and School Supply Stores

**Merchant category
code:** 5943

Expense category: Miscellaneous Stores