



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: 1-1-21 Ending Date: 12-31-21

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

Tom Bomil
Candidate Full Name (if applicable)
100 Catherine Street
Office Sought and District
Dracut Housing Authority
Residential Address
E-mail: Tombosh20@gmail.com
Phone # (optional):

C.T.E. Tom Bomil
Committee Name
Timothy Bomil
Name of Committee Treasurer
100 Catherine Street
Committee Mailing Address
E-mail: Tnormus@yahoo.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	2230.00
Line 2: Total receipts this period (page 3, line 11)	500.00
Line 3: Subtotal (line 1 plus line 2)	2730.00
Line 4: Total expenditures this period (page 5, line 14)	1130.00
Line 5: Ending Balance (line 3 minus line 4)	1600.00
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:	Enterprise Bank Dracut Ma.

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: [Signature] (Treasurer's signature) Date: 1-17-22

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 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 that 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 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1-17-22

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)
1-14-21	Timothy Shea 201 Chapman Rd. Tewksbury Ma	100.00	Buyer, Demoulas/Market Basket
2-1-21	Brenda Bomil 100 Catherine St. Dracut, Ma.	100.00	Commonwealth of Mass
3-9-21	Tom Bomil	100.00	Retired
4-7-21	Tom Bomil	100.00	Retired
5-1-21	Tom Bomil	100.00	Retired
Line 9: Total Receipts over \$50 (or listed above)		500.00	
Line 10: Total Receipts \$50 and under* (not listed above)		00.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		500.00	← 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)

Line 9: Total Receipts over \$50 (or listed above)	
Line 10: Total Receipts \$50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS 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 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2-3-21	C.T.E Sokoury Chou	128 B Street Lowell Ma	Campaign Donation	50.00
3-20-21	C.T.E. Mark Kratman	8 Sunset Road Tewksbury, Ma	Campaign Donation	50.00
3-20-21	C.T.E. Rodney Elliot	15 Cresta Drive, Lowell Ma.	Campaign Donation	50.00
4-7-21	The Bridge Club	33 E. Merrimack St. Lowell Ma	Donation	100.00
5-1-21	C.T.E. Paul Belley	65 Alma Street. Lowell, Ma	Campaign Donation	50.00
5-15-21	C.T.E Dan Rourke	15 Bridget Lane, Lowell, Ma.	Campaign Donation	100.00
8-13-21	C.T.E. Kam Kay	275 Walker St. Lowell, Ma	Campaign Donation	50.00
8-27-21	Owl Diner Charities	P.O. Box 2182 Lowell, Ma.	Donation	100.00
10-5-21	C.T.E. Mike Dillon	34 Hampden St. Lowell Ma.	Campaign Donation	50.00
10-14-21	C.T.E Dan Rourke	15 Bridget Ln. Lowell, Ma	Campaign Donation	50.00
12-16-212	Salvation Army Lowell Ma.	150 Appleton St. Lowell Ma	Donation	480.00
Line 12: Total Expenditures over \$50 (or listed above)				780.00
Line 13: Total Expenditures \$50 and under* (not listed above)				350.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1130.00

Enter on page 1, line 4 →

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES 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 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NONE			
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* 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
	NONE			
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			