



Form CPF 102JT : Report Of Special Committee Or Joint Fundraising Agent Sponsoring Joint Fundraising Event

Commonwealth of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

The treasurer of the special committee or the joint fundraising agent must provide a copy of this report to each sponsoring committee within 30 days of the event.

1. Date of Event: 2/19/09

2. Name of Special Committee or Designated Joint Fundraising Agent: The Seventy-first Fund
(Note: special committees must file a statement of organization prior to receiving contributions or making expenditures)

3. Name of Sponsoring Candidate(s) and/or Committee(s): Deval Patrick Committee
Massachusetts Democratic Party
(attach list if necessary)

4. Method of Attribution/Distribution: pro rata ticket sales other agreement
(party committees only)

SUMMARY BALANCE INFORMATION

Line 1 : Total Receipts (page 2, line 7)	\$ <u>2500</u>
Line 2 : Total Expenditures (page 3, line 8)	\$ <u>0</u>
Line 3 : Net Proceeds (line 1 minus line 2)	\$ <u>2500</u>
Line 4 : Distribution of Proceeds	\$ <u>2500</u>

Name of Candidate/Committee	Net Proceeds (Line 3)	Percent of Proceeds* Distribution	Date of Distribution
a) <u>Deval Patrick Ctte</u>	<u>x</u>	<u>Check # 1133 = 500</u>	<u>2009 FEB 19</u>
b) <u>Mass. Dem. Party</u>	<u>x</u>	<u>Check # 1134 = 2000</u>	<u>2009 FEB 19</u>
c) _____	<u>x</u>	<u>=</u>	<u>2009 FEB 19</u>
d) _____	<u>x</u>	<u>=</u>	<u>2009 FEB 19</u>

* Percent of proceeds depends on distribution method used. If using:
Pro rata: Multiply net proceeds (line 3) by the fraction which consists of the numerator equal to 1 and the denominator equal to the number of committees/candidates participating.
Ticket Sales/Arrangement of Contributions: Multiply net proceeds (line 3) by the fraction of which the numerator is equal to the amount of contributions arranged by the sponsoring candidate/committee and the denominator is equal to the total event receipts (line 1).
Other Arrangement: Provide brief explanation of distribution of net proceeds in accordance with party committee agreement. Attach copy of agreement to report.

Line 5 : Total In-kind Contributions (page 4, line 9) \$ - 0 -
 Line 6 : Name of Bank Used _____

Affidavit of Treasurer of Special Committee or Joint Fundraising Agent:
 I certify that I have verified the contributions and expenditures attributed to this event and 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 receipts, expenditures and in-kind contributions of this special committee or joint fundraising event and represents the campaign finance activity of all persons acting under the authority or on behalf of the joint fundraising agent in accordance with the requirements of M.G.L. c. 55.

Signed under the penalty of perjury: _____ Date: 2/19/09
 Treasurer or Joint Fundraising Agent Signature (in ink)

LAST NAME	FIRST NAME	ADDRESS	CITY	STATE	ZIP	OCCUPATION	EMPLOYER	DATE	ck #	TOTAL CHEQ	DPC AMT	MASS DEMS	Code	raiser
O'Neill	Edward M.	36 Apple Hill Lane	Lynnfield	MA	01940	Retired	None	12/26	1228	\$2,500.00	\$500.00	\$2,000.00		

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