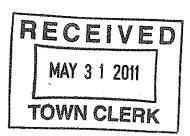


# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance



|      | 4.4                |
|------|--------------------|
| M116 | THE REAL PROPERTY. |
|      |                    |

City or Town Clerk or Election Commission

|  | r ionse print or ty   | pe an intornation  | , ortopi signati   | · · · · · · · · · · · · · · · · · · · |                                      |   |
|--|---|--|--|---------------------------------------|--------------------------------------|---|
| Fill in dates: Reporting Period Beginning  | Month Date  | Year<br>2011   | Ending   | lonth S                               | Date 3                               | Year  |
| Type of report: (Check one)  8th day preceding preliminar  | ry □8th day precedi   | ng election  | o day after elec   | tion 🗆                                | year-end repor                       | t 🗆 dissolution   |
| Full Name of Candid  Office Sought:  Residential   | Address Tel. No. (optio   | <del>+/ \                                   </del>   | Name of Commit   | Committee<br>Committee<br>tee Mailin  | Treasurer A                          | (optional)  |
| Line 2: Tota<br>Line 3: Sub<br>Line 4: Tota<br>Line 5: End<br>Line 6: Tota<br>Line 7: Tota   | SUMMARY ling balance from al receipts this p stotal (line 1 plus line al expenditures ling balance (line al in-kind contribut al (all) outstanding the of bank(s) used  | this period (page 2, this period (page 3) a minus line 4) utions this period (page 2) this period (page 2) this period (page 3) this period (page 4) this pe | report line 11) page 3, line 14 riod (page 4)  | \$<br>\$<br>\$<br>\$<br>\$            | 352<br>1,300<br>1,652<br>1375<br>317 |   |
| Affidavit of Committee Treasurer: I certify that I have examined this reporting in the contribution of the contribution of the campaign finance activity of all person treasurer's signature (in ink)  FOR   | tions, loans, receipts, expendit<br>as acting under the authority o   | tures, disbursements, in<br>on behalf of this com<br>nder the penalties of p   | kind contributions<br>mittee in accordanc<br>serjury:  | e with the re                         | quirements of M.G.  Date             | betton mo refuescing an   |
| Affidavit of Candidate: (check 1 b Candidate with Committee and I certify that I have examined this refinance activity, of all persons acting contributions, incurred any liabilities Candidate without Committee I certify that I have examined this refinance activity, including contributic campaign finance activity of all persons activity of a | no activity independent of ti-<br>port including attached schedus, under the authority or on beh-<br>nor made any expenditures or<br>OR Candidate with Independent<br>port including attached schedu-<br>ons, loans, receipts, expenditu-<br>yos acting under the authority | ales and it is, to the best<br>half of this committee in<br>a my behalf during this<br>dent activity filing sep<br>ales and it is, to the best<br>ares, disbursements, in-<br>or on behalf of this cor<br>r the penalties of perji   | n accordance with the reporting period.  arate report to finy knowledge kind contributions in accordant to the report of the rep | and belief, a                         | true and complete                    | statement of all campaign<br>period and represents the<br>3.L. c. 55. |

#### 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 mumber on each page.

Occupation & Employer Amount Name and Residential Address Date (for contributions of \$200 or more) (alphabetical listing required) Received 100 300 2ంల. Line 9: Total receipts in excess of \$50 (or listed above) Line 10: Total receipts \$50 and under\* (not listed above) Enter on page 1, line 2 Line 11: TOTAL RECEIPTS IN THE PERIOD 300

<sup>•</sup> 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

| umber on each    |                                     |         |                                |          |                 |
|------------------|-------------------------------------|---------|--------------------------------|----------|-----------------|
| Date Paid        | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure         | Amoi     | ınt             |
| 4/2/             |                                     |         | Conditate<br>Meet & Careed     | 500.     | ~ <u>******</u> |
| 5/3/.            | Joe Coctar<br>Lubeta Pot            |         | Condidate Jour                 | 580.     | e4              |
| 7/27/            | Province tour                       |         | Alvert.                        | 121      | 20              |
| +127/15<br>5/a/1 | Provincetour                        |         | Alvet.                         | 143,     | \$3<br>—        |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     |         |                                |          |                 |
|                  |                                     | Line 12 | 2: Expenditures over \$50      | 1375     |                 |
|                  |                                     | Line 13 | 3: Expenditures \$50 and under | <u>'</u> |                 |
|                  | Enter on page 1, line 4             | Line 1  | 4:TOTAL EXPENDITURE            | 5 127    | <u>\$</u>       |

\*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3

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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<br>Received | From Whom Received*     | Residential Address | Description of Contribution | Value |
|------------------|-------------------------|---------------------|-----------------------------|-------|
|                  |                         |                     |                             |       |
|                  |                         |                     |                             |       |
|                  |                         |                     |                             |       |
| ····             |                         |                     |                             |       |
|                  |                         |                     |                             |       |
|                  |                         |                     |                             |       |
|                  |                         |                     |                             |       |
| <del></del>      |                         | Line 15:            | In-kind over \$50           |       |
|                  |                         |                     | In-kind \$50 and under      |       |
|                  | Enter on page 1, line 6 | Line 17             | : Total In-kind             | - 0 - |

<sup>\*</sup> 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<br>Incurred | To Whom Due             | Address Purpose                        | Amount |
|------------------|-------------------------|--|--------|
|                  |                         |  |        |
|                  |                         |  |        |
|                  |                         |  |        |
|                  |                         |  |        |
|                  |                         |  |        |
|                  |                         |  |        |
|                  | Enter on page 1, line 7 | Line 18: OUTSTANDING LIABILITIES (ALL) |        |

| This page may be copied if additional pages are | required to report all activity. | Please include your committee | name and a page |
|---|----------------------------------|-------------------------------|-----------------|
| 1102 hape read on anhion - and the              |                                  |                               | Page 4          |
| anne dans en enderen                            | And a complete cases             |                               | rage 4          |