

This report is due September 19, 2011 from all candidates if there is a Preliminary Election anywhere in the City.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="120.00"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="388.96"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="508.96"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="508.96"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="150.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="TD Bank"/>

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:

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)
6-4-11	ACAVedo Jesus 484 MAIN ST	10-	
6-4-11	Aden Me lissa 16 vERNON ct	10-	
6-4-11	Anderson Lynn 8 Brigham	10-	
6-4-11	ASkey Jennifer 109 Hurd St.	10-	
6-4-11	Baldwin Heather 276 FAIRMOUNT	10-	
6-4-11	Cebula Cheryl 354 ROLLSTONE ST	10-	
6-4-11	Cebula Phil 245 WALTON ST	10-	
6-4-11	Cebula Irene 245 WALTON ST	10-	
6-4-11	CHRISTIAN Kim 52 Temple st	10-	
6-4-11	COSME Leslie 15 King st	10-	
6-4-11	DARILLA Minnett 38 PAYSON ST	10-	
6-4-11	FREGEAU Judy 62 Temple st	10-	

Line 9: Total Receipts over \$50 (or listed above)	0
Line 10: Total Receipts \$50 and under* (not listed above)	120.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	120.00

← 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)
6-4-11	Hamel Tom 16 vernon ct	10-	
6-4-11	Hamel Dotty 16 vernon ct	10-	
6-4-11	Hamel JR Tom 16 vernon ct	10-	
6-4-11	Heon CAROL 4 HURON ST	10-	
6-4-11	Medina Jennifer 8 Beacon St	18-	
6-4-11	Pando IPh Jennifer 162 Belmont St	20-	
6-4-11	PARISI Rob	10-	
6-4-11	Philibert Angelia 470 main st	10-	
6-4-11	ROY MARYSSA 91 townsend st	10-	
6-4-11	Siegel melissa 70 Leighty Rd	8-	
6-4-11	Siegel RONALD 70 Leighty Rd.	2-	
6-4-11	WATKINS MARIBEL 38 PAYSAN	10-	
	Chambalain Lewis 973 main st	260.96	

Line 9: Total Receipts over \$50 (or listed above)	260.96
Line 10: Total Receipts \$50 and under* (not listed above)	128.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	388.96

← 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.

