

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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ran a p		D 2: 44	[]nnun	. 1 2014		<u> </u>	ember 31,	or Election Commission
riii in Ke	porting Period plates N 16	'Beginning Date:	panuar	y 1, 2014	Ending I	Maie: Deci	cuive: 31,	2014
Type of F	Report: (Check one)							
**		h day preceding electi	ion [30 day	after election	🔀 year-en	d report	dissolution
Paul Beauc	hemin			Committ	ee to Elect Paul	Beauchemin		
E	Candidate Full Name (if app	licable)				Committee N	lame	
Ward 2 Co	uncillor-FItchburg			Carmen	Beauchemin			
	Office Sought and Distr	ict			Naı	ne of Committee	e Treasurer	
101 St. An	drew Street, Fitchburg, MA 0142	20		101 St.	Andrew Street,	FItchburg, M	A 01420	
•	Residential Address				Co	omnittee Mailing	g Address	
Telephone N	amber (optional): 97	83457010		Telephone	Number (optional):		978345	7010
	S	UMMARY BAL	ANCI	E INFO	RMATION:			
	Line 1: Ending Balance	from previous repor	rt				\$183.9	19
	Line 2: Total receipts th	is period (page 3, lir	ne 11)					0
	Line 3: Subtotal (line 1)	plus line 2)					\$183.9	99
	Line 4: Total expenditur	es this period (page	5, line	: 14)				<u>o</u>
	Line 5: Ending Balance	(line 3 minus line 4)				\$183.9	9
	Line 6: Total in-kind co	ntributions this perio	od (pag	ge 6)				<u>o</u>
	Line 7: Total (all) outsta	nding liabilities (pa	ge 7)				\$850.0	20
	Line 8: Name of bank(s	used: Rollstone Ban	k And T	rust			······································	
I certify that I activity, inclu finance activi Signed under	Committee Treasurer: have examined this report including sits ding all contributions, loans, receipts, ex ty of all persons acting under the authorit r the penalties of perjury: [DIDATE FILINGS ONLY: A	penditures, disbursements, y or on behalf of this comm MUN BLA	in-kind ca nittee in a	ontributions a accordance w LILL	nd liabilities for thi	s reporting perio of M.G.L. c. 55.	d and represen	nts the campaign
Candida	the with Committee and no activity ind that I have examined this report including of all persons acting under the authority of any liabilities nor made any expenditures are without Committee OR Candidate	ependent of the committee g attached schedules and it or on behalf of this commit s on my behalf during this r	e is, to the l tee in sec eporting	best of my ko onlance with period.	the requirements of	, a true and comp FM.G.L. c. 55. I	plete statemen I have not rece	nt of all campaign finance eived any contributions,
L certify	that I have examined this report including activity, including contributions, loans, re a finance activity of all persons acting by	g attached schedules and it i ceints, expenditures, disbur	is, to the l rsements,	best of my ki in-kind cont	owledge and belief, ibutions and liabilit	ies for this repor	rting period ar	nd represents the

Date: 1/16/15

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.)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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			DEPLOYMENT
ine 9: Total Rece	ipts over \$50 (or listed above)		·
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
ma 11. TOTAL	RECEIPTS IN THE PERIOD	0	← 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)
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			CONTRACTOR OF THE PROPERTY OF
	ipts over \$50 (or listed above)		
	sipts \$50 and under* (not listed above) RECEIPTS IN THE PERIOD	a a	Enter on page 1, line 2
			← Enter on page 1, line 2 Id include only those receipts not itemized above.

^{*} 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
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		Line 12: Total Expenditures over \$	550 (or listed above)	
		Line 13: Total Expenditures \$50 an	d under* (not listed above)	
	Enter on page 1, line 4	Line 14: TOTAL EXPENDITUR	ES IN THE PERIOD	at models

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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				Marian Marian
		Annual and		to de constituente de constitu
		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 an		
	Futer on mass 1 line A →	Line 14: TOTAL EXPEND		

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

Page 5

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
		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 CO	ONTRIBUTIONS	0

^{*} 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.

Page 6

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
Sept. 1, 2013	Paul R. Beauchemin	101 St Andrew St.,Fitchburg,MA	Loan	\$850.00
				The state of the s
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	\$850.00