

# Form CPF M 102: Campaign Finance Report Municipal Form Commissioners

11 AUG 30 AM 10: 45

Fill in Reporting Period dates:  Beginning Date:  File with: City or Town Clerk or Election Commissi  Ending Date:
Type of Report: (Check one)  8th day preceding preliminary
Candidate Full Name (if applicable)  Committee Name  Committee Name  Committee Name
Office Sought and District  Name of Committee Treasurer  Residential Address  Committee Mailing Address
Telephone Number (optional): Telephone Number (optional): Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)  4834.78
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
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: ATTZUS Jank
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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  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, expeditures, 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.)

eport all receipts.	Please include your committee name and a pa	ge number on eac	ch page.)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/8/1	Mary Alle Zeflar 29 Oxford Park	25.W	
8/18/11	//	25.00	
8/13/11	Michael asol.	50	
6/10/11	POST (flore in St. Janes	250.0	2 Bet file Soft
6/11.	Sylvia Cours 35 McCoba St Pens	Di W	
6/15/11	Robi Delary yi Cuit the Epin	200. a	
8/10/11	The Per Sh Byto	50 "	
9/0/1	Sout Marks 45 Nousent Rene	TO. ~	
0/10/11	Ann EASAME 33 GRADAVE	257 00	
8/16/11	//	25/10	
6/11/11	Be festa 395 Down Jones	18 100 W	
9/5/11	385 Bush	130. N	3
Line 9: Total Rec	eipts over \$50 (or listed above)	950,0	
Line 10: Total Rec	ceipts \$50 and under* (not listed above)	405.	
	RECEIPTS IN THE PERIOD	1355.	Enter on page 1, line 2
If you have itemiz	ed receipts of \$50 and under, include them in lin	ne 9. Line 10 shou	ld include only those receipts not itemized above.

# 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.)

report all receipts. I	Please include your committee name and a pa	ge number on eac	O ( O F I
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/11/11	Mick Gracobbe Walon Stadee	D N	
July	MAGINE SERVES PUE 295 Leseres Pite	50.0	·
918/11	//	sor w	
6/16/11	Jul Takante 14 Noch Pol fesen	ðs "	
8/18/11	//	25	
4/6/11	Jess Morks	100. W	
0/10/11	Antilo Mighel ghe	75711	
6/8/11	Joe lesson Mohim Me	50.00	
6/8/4	177 Bellyhum RE	po in	
\$15/11		30. "	RETMED
6/8/11	Ellighe Maller Jones Mi	100 11	
7611.	Robitheffice; Walen Ma	J. in	
Line 9: Total Rece	eipts over \$50 (or listed above)	6250	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	300	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	975.	Enter on page 1, line 2

303

# 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.)

report all receipts. I	Please include your committee name and a pa	ge number on ea	ch page.)
	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
6/ /	Am Scarlow		full Jem A few Tense
911/	Veren ST 1	900 W	2.1
100	- flene	100	Set
	1 /- Terrilla		
6/10/	pullen there has	n id	
110/11	I have ferre	80.4	
	Tressente Tourento		Daltie
6/10/11	March 1 Pel	2110	
7/0/1	Melton Me	000	'félier
2/ 7		4	1 -12- 0+: 60 D
8/18/2	//	Dell a	max race
1/0/		200	Reother
	at Han		
8/11	H famille Vic	N	
/ / /	At Termille The	230	/Dan
	, par		
	//	naw	
		90	1000
		1, W	//
	//	100	/Dar
		2 a a	
		500 .	10a1
		1	
		130	
		300	10an
		22000	1, /
	//	230	logn
Plufa	Jany a Assola	- W	
	327 hoffe (cul	125	
	- Herre	100	
7/11	Mr. E. Megerral Con Wigesters	100,0	
101	10000018 Moster	7/1	
8/18/1	Contre Ullens Entre an	/3.	
Line O. Total Daga	ipts over \$50 (or listed above)	24/12	
Line 9. Total Rece	This over 400 (or instead above)	V 700	,
Line 10: Total Rece	eipts \$50 and under* (not listed above)	19	
Line 10. Total Reed	(		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	7450.	← Enter on page 1, line 2
1.70	1 of \$50 and under include them in line	0 1: 10 -11	d include only those receipts not itemized above

<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.

(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.)

report an expend	report all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
6bolil	amino	worther mo	RUNDROUSEA	1000	
6/23/11	INDIRENDAT NUSPARIN	385 Bronaus	AO	75	
0/13	WALMATT	LYNNOUN / LYNNOUN 01902	SUPPESS	73.53	
7/6	Northup Partab	917 WNTHOP Rung MP 03151	5.605	398-	
7/12	RECORD Little	Roure, ma 02151	S.6~	150	
7/22	REVIOLE	568 Bromowny LUINETT MROSIY?	AP	130-	
7/1	Home PoPoJ	OHISO MA	S. WISUPPIES	126-57	
7/27	VIJA Print	ON LIME	Business/ CAROS	73.16	
Sts		RIOVED MADOSIST	BBQ	150-	
8/16	AL Franklo Ja	REDERE MA OHIS	BBQ	80-	
8/16	BIANCH MONTS -	REDRE ST REVIEW MA BHISI	BBQ	175	
8/17	MOOSE	Revent, ma 02151	no Aus	60-	
		Line 12: Total Expenditures over \$50 (or listed above)		257326	
Line 13: Total Expenditures \$50 and under* (not			and under* (not listed above)	693.56	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				3266.82	

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

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#### 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.

De la				
Date Incurred	To Whom Due	Address	Purpose	Amount
3/09	Albert mingle	2/48/En Ma	Jank of	3745
3/09			STATIP	500
6/09			Shits	736.50
9/09		V	As	20.0
9/11			/oan	90.0
6/11			/dar	60
6/11			SIGNS	300"
6/11			Sport	300.
bla			/oar	2301 W
5/2/1/11				700
5/9/11				20
Stady				100
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A 05.

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)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	8
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			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.

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# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

of Massachusetts	File with: City or Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date:	8/27/2011 Ending Date: 10/27/2011
Type of Report: (Check one)  8th day preceding preliminary  8th day preceding elections	on 30 day after election year-end report dissolution
Candidate Full Name (if applicable)  Councillon AT LMGE  Office Sought and District	Comm. The To the Telmin.  Committee Name  BARBARE TEMMELLO  Name of Committee Treasurer
Residential Address  Telephone Number (optional): 781-244-7430	21 ENSTERN AUFRICATE  Committee Mailing Address
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	1567.96
Line 2: Total receipts this period (page 3, line	e 11)
Line 3: Subtotal (line 1 plus line 2)	1567.86
Line 4: Total expenditures this period (page 5	5, line 14) 747.22
Line 5: Ending Balance (line 3 minus line 4)	820.74
Line 6: Total in-kind contributions this period	l (page 6)
Line 7: Total (all) outstanding liabilities (page	P730/50
Line 8: Name of bank(s) used:	tens BAK
finance activity of all persons acting under the authority or on behalf of this committees.  Signed under the penalties of perjury:	WMW (Reasurer's Signature) Date: 10/15/11
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 activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this repo	o the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting period.
campaign finance activity of all persons acting under the authority or on behalf-o	the best of my knowledge and benef, a true and complete statement of all campaign
igned under the penalties of perjury:	(Candidate's signature) Date: 10/15/1/

#### **SCHEDULE A: RECEIPTS**

55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar mittees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the ion and employer must be reported for all persons who contribute \$200 or more in a calendar year.

schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

jort all receipts. Please include your committee name and a page number on each page.)

En a n	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	·		
•			
ine 9: Total Receipt	s over \$50 (or listed above)		
	ts \$50 and under* (not listed above)	4	
	CEIPTS IN THE PERIOD	7	← Enter on page 1. line 2
fyou have itemized re			← Enter on page 1, line 2

### SCHEDULE B: EXPENDITURES

5 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep unts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, nittee records, and reported on line 13.

redule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Please include your committee name and a page number on each page.)

rt all expend	rt all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
8/19/11	REULRE	BRUND WAN	DUKS	50	
9/12/11	Box Month To Commistice	150 BENNALTEN	FUNDRASIA CHMITIMBLE	100 -	
9/19/11	ROUNT	395 Brugowy REVERE	AD	78-	
9/20/11	ALBINT	21 ENJERN AVE REVERE	DJ 55 CAMPINGA COST	100 -	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	356	
Line 13: Total Expenditures \$50 and under* (not listed above)			389.22		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	747.22	

\* 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 D: LIABILITIES

Let c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well nose liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
3/09	Albert //	2/ GRIEN MA	Jane +	3745
3/09			STATEP	500
6/09			Shits	736.50
969		2	120	95.0
9/11			loan	90.0
6/11			/bans.	60
6/11			51915	300
bler			STUTT IP	Silv. In
bla			/oan	3301 W
72/1/11		*	1/	100.
5/9/11			: :/:	20
Stadi				100
	Enter on page 1, line 7 → L	ine 18: TOTAL OUTSTANDIN	NG LIABILITIES (ALL)	7301.50

# SCHEDULE C: "IN-KIND" CONTRIBUTIONS

ributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be more than \$50 and included in line 16 on page 1.

ceived	From Whom Received*	Residential Address	Description of Contribution	Value
Construction of the Constr				
4				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	7
		Line 16: In-Kind Contributions \$	550 & under (not listed above)	6
* IC ' 1 ' 1	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS [	6

<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.

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