

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE

Massachusetts	CITY OF MAKEBUADDAN
ile with: ity or Town Clerk or Election Commission Please print or type all inf	formation, except signatures. 2011 JAN 19 P 12: 53
Fill in dates: Reporting Period Beginning O/ O/	Month Date Your 2010 Ending 13 31 2010
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n 30 day after election Eyear-end report dissolution
Full Name of Candidate (if applicable) Coucilor, Ward Office Sought and District 124 HOSMAS ST. Residential Address MARLBorough, MA. 01752 Tel. No. (optional)	Committee To Elect-RALPH Committee Name TANET E. BELMORE Name of Committee Treasurer 134 HOSMON ST. Committee Mailing Address MARL BORDLES HA. 01752 Tel. No. (optional)
SUMMARY BALAN Line 1: Ending balance from prev Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus l Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used	(page 2, line 11) \$ /. 00 \$ 7, 27 eriod (page 3, line 14) \$ line 4) \$ this period (page 4) \$ lities (page 4) \$
campaign finance activity, including all contributions, loans, receipts, expendi	is, to the best of my knowledge and belief, a true and complete statement of tures, disbursements, in-kind contributions and liabilities for this reporting periauthority or on behalf of this committee in accordance with the requirements f perjury:
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committe I certify that I have examined this report including attached schedules and it campaign finance activity, of all persons acting under the authority or on be have not received any contributions, incurred any liabilities nor made any expe	is, to the best of my knowledge and belief, a true and complete statement of a half of this committee in accordance with the requirements of M.G.L. c. 55. Inditures on my behalf during this reporting period.

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

Signed under the penalties of perjury:

Candidate signature (in ink)

M.G.L. C/55

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

Date Received		Amount	Occupation & Employer (for contributions of \$200 or more)
8/2/10	BANK DEPOSIT SELF FUNDED	100	, , , ,
·			
-	7.		
			` `
		-	
Line 9:	Total receipts in excess of \$50 (or listed above)		
Line 10:	Total receipts \$50 and under* (not listed above)		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	100	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.

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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
,			·	
				·
,				
	-		Expenditures over \$50	
Fn	ter on page 1, line 4		Expenditures \$50 and under* FOTAL EXPENDITURES	-11-

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
	· .	•		
•				
	·	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	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.

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
	·	·		
		·		
			ور و المراجع	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

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

Page 4



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

RECEIVED CITY CLERK'S OFFICE

Omnoawealth (Massachusetts	LEGROUS
ile with: Only or Town Clerk or Election Commission Please print or type all information, except signatures. 2011 JAN 20	P 4: 2
Fill in dates: Reporting Period Beginning Month Date Year About Poste Pos	o new
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ disc	olution
Michelle Rodin-Hettinger Full Name of Candidate (if applicable) School Committee Office Sought and District 279 Robert Rd Residential Address Tel. No. (optional) Committee to elect Michelle Bolin- Committee to elect Michelle Bolin- Committee Name Fodoloff Roles Name of Committee Treasurer Committee Mailing Address Committee Mailing Address Tel. No. (optional)	
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Amany Coality Union	
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 sta campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this rep and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the red M.G.L. e. 55. Treasurer's signature (in ink) FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	orting period

TON OTHER PROPERTY CANDERTY MEETINGS STATE BELOW)
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 <u>OR</u> 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:
Muchelle B. Sodin - Hettinger 1/20/11 Candidate signature (in ink) Date
Candidate signature (in ink)

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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	ount	Occupation & Employer (for contributions of \$200 or more)
	·			
				·
	·			
				·
		·		
·				
·				
	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD				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.

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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: 1	Expenditures over \$50	
		Line 13: 1	Expenditures \$50 and under*	
E	nter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	,

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
,				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
8/8/05	Michelle Bobin-Hettinger	279 Robert Rd Madlocrough	Campaign exposes	\$1,000
	J	0 /	7	
				dl
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$1,000

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Page 4



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

Consequence of the Consequence o	RECEIVED CITY CLERK'S DEFICE
File with: City or Town Clerk or Election Commission Please print or type all inform	CITY OF MARLEDBOUGH
Fill in dates: Reporting Period Beginning Jan 1 2016	Mossin Date Year
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	□30 day after election
Full Name of Candidate (if applicable)	Committee Name
City Council Ward 7	Name of Committee Treasurer
Residential Address GENER CILLE	Committee Mailing Address
7508-481-0569 Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from previous Line 2: Total receipts this period (parties as Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, it campaign finance activity, including all contributions, loans, receipts, expenditures	od (page 3, line 14) s O s od (page 3, line 14) s os period (page 4) s os the best of my knowledge and belief, a true and complete statement of all
and represents the campaign finance activity of all persons acting under the auth- M.G.L. c. 55. Signed under the penalties of pe	ority or on behalf of this committee in accordance with the requirements of
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONLY:	(CANDIDATE MUST SIGN BELOW)
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 campaign finance activity, of all persons acting under the authority or on behalf have not received any contributions, incurred any liabilities nor made any expendit Candidate without Committee OR Candidate with Independent activity fills I certify that I have examined this report including attached schedules and it is, to campaign finance activity, including contributions, loans, receipts, expenditures, and represents the campaign finance activity of all persons acting under the author M.G.L. c. 55. Signed under the penalties of the Candidate signature (in ink)	of this committee in accordance with the requirements of M.G.L. c. 55. I ures on my behalf during this reporting period. ag separate report the best of my knowledge and belief, a true and complete statement of all disbursements, in-kind contributions and liabilities for this reporting period writy or on behalf of this committee in accordance with the requirements of

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

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	ount	Occupation & Employer (for contributions of \$200 or more)
				, i.e.
		-		
		-		
			·	
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Γotal receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	ÐO	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.

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 number on each page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	nt
				·	
					
	A CONTRACTOR OF THE CONTRACTOR				***************************************
			Expenditures over \$50		
	nter on page 1, line 4		Expenditures \$50 and under* FOTAL EXPENDITURES	00 8	

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
			-	
				·
		Line 15:	: In-kind over \$50	
	·	Line 16:	In-kind \$50 and under	/~
	Enter on page 1, line 6	Line 17	: Total In-kind	60,00

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
		·		

<u></u>				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	00.00.

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

Page 4



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

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

113 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
le with: ity or Town Clerk or Election Commission Please print or type all in	nformation, except signatures. 2011 JAN 20 P 1: 1
The state of the s	Year Month Date Year 10 Ending 12 31 10
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding elections.	ion □30 day after election
FAUL E BRODENK Full Name of Candidate (if applicable) Ward 3 Councilor - Marihoro Office Sought and District	Committee to Elect PAUL DRODELLA Committee Name DENISE BRODEUA Name of Committee Treasurer
HI HAMDEN ST MAKUBORO MA Residential Address	41 HAYDEN ST MARLISO Lo Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from properties this period Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liable Line 8: Name of bank(s) used Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and campaign finance activity, including all contributions, loans, receipts, experi	d (page 2, line 11) \$ 0 \$ 50 period (page 3, line 14) \$ 5b s line 4) \$ bilities (page 4) \$ 50
M.G.L. of 55. Signed under the penalties Treasurer's signature (in ink)	
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any expendence of the committee of the candidate with independent activity. I certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expendence.	lit is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period. It is, to the best of my knowledge and belief, a true and complete statement of all litures, disbursements, in-kind contributions and liabilities for this reporting period and authority or on behalf of this committee in accordance with the requirements of

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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
				·
		·		
			,	
	·			
·				
	otal receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)			
Line 11: T	OTAL RECEIPTS IN THE PERIOD			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.

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

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
10/29/10	CITICENS BANK	BOLTON ST EXT MARLBO	Lo Suvice Charge	/0	οτ
,					
11/10/10	Immaculate Conception Church	11 Prospect St Mailboro	Contribution	40	80
•	Church	Mailboio			
				-	
·					
		Line 12: F	Expenditures over \$50		
			Expenditures \$50 and under*	50	60
Е	Enter on page 1, line 4	Line 14:T	TOTAL EXPENDITURES		00

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
•				
-				
· · · · · · · · · · · · · · · · · · ·		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	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.

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
	·			
	:			
				•
E	inter on page 1, line 7	Line 18: OUTSTANDING I	LIABILITIES (ALL)	0

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

Page 4



M.G.L. c. 55.

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

mmonwealth Massachusetts	CITY	OF MARLUC	ROUGH
lle with: ity or Town Clerk or Election Commission Please print or type all information, except signatures.	2011	JAN II P	1: 23
Fill in dates: Reporting Period Beginning I Date Year Month Reporting Period Beginning I A010 Ending 12	Date 31	Year 2010	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐	year-end rep	oort 🗆 dissol	ution
Edward T. Clancy Full Name of Candidate (if applicable) City Council Werd 6 Deffice Sought and District 106 012 Charter Rd. Warlborough Residential Address 508-481-041 Tel. No. (optional)	Name S Claude tee Treasurer Marl ling Address 481-04	borousy	
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used	-0 -0 -0 -0 -0 -4462		
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 I campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribute and represents the campaign finance activity of all persons acting under the authority or on behalf of this commit M.G.L. c. 55. Treasurer's signature (in ink)	tions and liabilit	ies for this report	ng period
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BI	ELOW)		
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 be campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this report. 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 be campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contribution and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee.	with the requirementing period. Selief, a true and one and liabilities.	ements of M.G.L. I complete statements for this reporting	ent of all

Signed under the penalties of perjury:

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

number on each page. Date Name and Residential Address Amount Occupation & Employer Received (alphabetical listing required) (for contributions of \$200 or more) Line 9: Total receipts in excess of \$50 (or listed above) Line 10: Total receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

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.

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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
	1			
	·		·	
		·		
`				
		·		
·				
				·
		Line 12:	Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
E	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
			·	
-				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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	To Whom Due	Address	Purpose	Amount
Incurred			•	
9/01/2001	CI IT Ch.	106012 Charter RD.	Campaign Expense	\$ 11.11.43
12/31/2010		106 Old Charter RD. Unar Chanagh MANT	2 campaigne pense	4462 =
1717		O		
		,		
	·		,	
	,			
	,			
		,		
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	4446543

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

Page 4



Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

RECEIVED

File with:

ity or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning Tanyary O1 2010 Ending December 31 2010
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
Toseph Paul Richard Luke Collins Full Name of Candidate (if applicable) Mayin Office Sought and District 15 Redbyd Way # 21 Residential Address Mar borovah, MA 01752 Tel. No. (optional) Tel. No. (optional) Committee to elect Joseph Collins Committee Name Carla A. Loredo Name of Committee Treasurer 15 Redbyd Way # 21 Committee Mailing Address Mar borovah, MA 01752 Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Digital Federal Credit Union
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 Signed under the pensities of perjury: Treasurer's signature (in ink)
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
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.

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. q 55 Signed under the penaities of perjury:

☐ Candidate without Committee OR Candidate with independent activity filing separate report

Candidate signature (in ink)

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

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	An	nount	Occupation & Employer (for contributions of \$200 or more		
•				`		
		-				
,						
	·					
	,					
Line 9:	Total receipts in excess of \$50 (or listed above)	Ø	pg			
Line 10: Total receipts \$50 and under* (not listed above)			00			
Line 11: TOTAL RECEIPTS IN THE PERIOD			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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	An	ount
		·	·		
		· ·	·		
				•	
		Line 12:	Expenditures over \$50	Ø	ØØ
	iter on page 1, line 4		Expenditures \$50 and under* FOTAL EXPENDITURES	Ø Ø	ØØ

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
)	
		•		
		Line 15:	In-kind over \$50	0
		Line 16:	In-kind \$50 and under	Ø
	Enter on page 1, line 6	Line 17:	Total In-kind	Ø

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
8/26/09	Collins Joseph P	15 Redbud Way #21 Marlborovah MA 01752	Parade Banner	611.04
10/7/09	Colling Joseph P	15 Redby Way #21 Marlborough, MA 01752	10	418.55
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1029.59

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page. Page 4



Form CPF D 102: Campaign Finance Report Office of Campaign and Political Finance CITY CLERK'S OFFICE CITY OF MARLESCOUGH

of Missishmette.	•				
File wish: Director	ZUI JAN 20 ₽ 2:54				
Office of Campaign and Political Finance	CPF ID#				
One Ashburton Place Boston, MA 02108					
(617) 727-8352 Please print or type all information	ion, except signatures.				
Creative desired					
Fill in dates: Reporting Period Beginning Your Oct. Oct.	D Ending 12 30 2011				
Reporting I criot beginning	LIRANING TO SECULIAR TO SECULI				
There of meants (Charle one)					
Type of report: (Check one) Initial Report Division Report	Dissolution Report				
I mini keport I i i i i i i i i i i i i i i i i i i	ASSOLUTION REPORT CI OTHER				
(Tal T Dolan To)	(a. al 1 al 1 = 7 1)				
Joseph F. Delano, IR	Committee to Elect Toe Delans				
Full Name of Candidate	Committee Name				
MARIBOROUSH	LISA Delano				
Office Sought/District	Name of Committee Treasurer				
10 HARPER CIRcle	10 HARPER CIRCLE				
Residential Address	Committee Mailing Address				
229-0124					
Tel. No. (optional)	Tel. No. (optional)				
Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) usedS+	speriod (page 3) speriod (page 3) speriod (page 3) speriod (page 3) speriod (page 4)				
Affidavit of Considerate 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: Affidavit of Candidate: (check 1 best only) Considerate with Committee and no activity independent of the committee I certify that I have examined this report, and 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 expensitures on my behalf during this reporting period. Considerate without committee Off Considerate with independent activity filling 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:					
1 1	1/36/11				
Constitute denoters (in ink)	/ Date				

INITIAL REPORT: Report any receipts received before appointing the depository bank

OTHER REPORTS: You may omit schedule A information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more	
и.				
Line 9:	Total receipts in excess of \$50			
Line 10:	Total receipts \$50 and under		-	
Line 11:	TOTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2.	

SAVINGS ACCOUNT INFORMATION

Are there any campaign funds on deposit in savings accounts/Cl	Ds etc.? No (go to page 3) Yes
If yes, complete the following:	
Name(s) of Bank(s) and/or CDs	Amount in account/CD etc.
	\$
	\$
	- \$
	\$
SAVINGS ACCOUNT/CD TOTAL:	s

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

INITIAL REPORT: Report any expenditures made before appointing the depository bank.

OTHER REPORTS: You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				·
			·	
<u> </u>		Line 12	Expenditures over \$50	
		Line 13	Expenditures \$50 and under	
E	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	·

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). 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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
•				
		*		
		•	·	
		·		
	<u> </u>	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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 contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

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
(
	Enter on page 1, line 7.	Line 18: OUTSTANDING LIABILITIES (ALL)		

SCHED	ULE E: DISC	LOSURE OF ASSET	rs statement	
All candidates and committees mus	st fill in part A	or part B.		,
Part A:	* =			
☐ No assets* were acquired or disp	osed of by this	candidate/committee dur	ing the period covered	by this statement.
Part B: Assets acquired: List all assets acquired have filed, list all assets.	ired since the co	ommittee last filed this st	atement. If this is the fi	rst Schedule E you
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
Assets disposed of: List all assets so	old, traded or tra	unsferred during the repor	rting period covered by	this statement.
Asset Include year, model or other identifying	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

value is determined.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page.

information, if applicable.

^{*} An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.



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

RECEIVED CITY CLERK'S OFFICE CITY OF MARLECOROUGH

Fi	le	with	١.

Candidate signature (in ink)

Please print or type all information, except signatures

2011 JAN 20 P 4: 19

y or flown Clerk of Election Commission I lease print or type an in	formation, except signatures.
Fill in dates: Reporting Period Beginning	Ending Month Date Date S Year OLD ME
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	on 30 day after election Xear-end report dissolution
Full Name of Candidate (if applicable)	Committee Name Conflittee Name Conflittee Name
Office Sought and District Residential Address	Name of Committee Treasurer Some of Committee Treasurer Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabit Line 8: Name of bank(s) used	(page 2, line 11) \$ -0 -
campaign finance activity, including all contributions, loans, receipts, expend	t is, to the best of my knowledge and belief, a true and complete statement of all litures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of of perjury:
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on behave not received any contributions, incurred any liabilities nor made any expanding activity. Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditure.	t is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I benditures on my behalf during this reporting period. The properties of my knowledge and belief, a true and complete statement of all bures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of

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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
<u> </u>				
	,			
	· ·			
,				•
			,	·
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)			
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD	()		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.

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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	·			
	·	-		
		·		· <u>.</u>
				N.
·				
1		Line 12:	Expenditures over \$50	
	Ī		Expenditures \$50 and under*	
E	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	-0-

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
,				
	·			
			,	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	+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.

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
oct ZOJ	Margantowner	33 Sponhill Aug	Dersonal (can	53600
,				·
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	3300"

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

Page 4



Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Matt Elder Marthwayf, MA

RECEIVED CITY CLERK'S OFFICE CITY OF MASLECROUGH

City or Town of:

2011 JAN 20 P 12: 36

Fill in dates: Month Day Reporting Period Beginning 1/1/03	Year Month Ending 12/37/09	Day Year
Type of Report: (Check One)		/
8th day preceding preliminary/primary	election 30th day following election (Town or Special)	20th day of January (Year-End Report)

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/2/11	hom	12 Tulker Are Malburyh 8 Springhill Pd Fram. not	City Consiler
1/20/11	Meridith Europ	8 Springhull Pd Framinot	,
			,
L			11/02



Form CPF M T 101: CHANGE OF TREASURER; ACCEPTANCE OF OFFICE BY TREASURER

MUNICIPAL FORM

Office of Campaign and Political Finance

CR RECEIVED CITY CLERK'S OFFICE CITY OF MARL 6030UGH

2011 JAN 20 P 12: 33

File with: City or Town Clerk or Election Com	nmission	
1. Committee Name:	Please print or type all information, except signatures Congile to doct Mathew Elder	
2. New Treasurer:	Breelk Walt	
2a. Treasurer's Address:	8 Springhill Ad Francischen MA 01701	508-405 6782
3. Committee Address: (If different)		rei. No.
FOR CANDIDATE COMM	I hereby accept the office of treasurer of the above-named committee. to certain duties and liabilities under M.G.L. c. 55, including the time reports and keeping detailed accounts and records of all campaign finar years from the date of the relevant election. I am aware that an appoint serve as treasurer of a political committee and that a candidate or elected treasurer of a political action committee except as authorized by M.G.L. as SIGNED UNDER THE PENALTIES OF PERJURY: Treasurer's signature Date ITTEES ONLY	ely filing of campaign finance activity for a period of six atted public employee may not ad official may not serve as the
	I hereby consent to the appointment of the new treasurer of this committee	ee.
	SIGNED UNDER THE PENALTIES OF PERJURY:	
•	1/2c/	/
	Candidate's signature Daté	

SELECTED EXTRACTS FROM M.G.L. c. 55

Section 3 requires the director to "assess a civil penalty for any [late filed] report ... of ten dollars per day....[up to \$2,500]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee....

<u>Section 5 outlines statements of organization of political committees:</u>Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election....

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents....



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED CITY CLERK'S DEFICE CITY OF HI

File v	with:	 	
		 100	

City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Ending () Reporting Period Beginning Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election ☐ e dissolution - C ~ D 6(1) Candidate (if applicable) Committee Name Office Sought and District Name of Committee Treasurer 23 ED: 48 W Residential Address Committee Mailing Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: 6.23 Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used \(\int_{\text{2.7}}\) 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 repres 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. FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 bex 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 ky	nowledge and helief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accorda	and with the requirements of M.O.L. c. 55. I have not received any
innerice activity, or air persons activity in the average with the average of the persons activities and the average with the average of the persons activities and the average of the persons activities and the average of the persons and the persons are the persons and the persons are the persons and the persons are t	and was the requirement of Michigan Co.
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting	perou.
Condidate without Committee OR Candidate with independent activity filing separate re	port
I certify that I have examined this report including attached schedules and it is, to the best of my ki	nowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind cont	ributions 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:	$T = I \cdot I$.
	1 1 20111
	Date
Candidite signature (in ink)	(Jane

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 themize 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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
				·
		-		
Line 9: Total receipts in excess of \$50 (or listed above)		<u>-9.</u>		
Line 10: Total receipts \$50 and under* (not listed above)		.O.	11	
Line 11: TOTAL RECEIPTS IN THE PERIOD				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.

Page 2

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

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	oun
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				· · · · · · · · · · · · · · · · · · ·	╁
				······································	
					-
					
		Line 1	12: Expenditures over \$50	-9-	
		Line 1	13: Expenditures \$50 and under*	G	3 (
E	Inter on page 1, line 4	Line	14:TOTAL EXPENDITURES	6	3

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
······································				
•				
		Line 15:	In-kind over \$50	-0.
		Line 16:	In-kind \$50 and under	-0.
	Enter on page 1, line 6	Line 17:	Total In-kind	-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.

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
10/03	Pod form	53 D: 2 po o 51.	Ca-sidale	2,750
			18 	
			•	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	025.6



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

File with: City or Town Clerk or Election Commission Please print or type all info	formation, except signature 2011 JAN 13 A 9:29
Fill in dates: Reporting Period Beginning Month Date Year	Ending Date Date SI CO
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n □30 day after election ¶ year-end report □ dissolution
Full Name of Candidate (if applicable) Office Sought and District	Committee Name Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
campaign finance activity, including all contributions, loans, receipts, expendi	(page 2, line 11) Signature (page 3, line 14) Signature (page 3, line 14) Signature (page 4) Signature
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONI	LY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on be have not received any contributions, incurred any liabilities nor made any expectation. Candidate without Committee OR Candidate with independent activity. I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditu	is, to the best of my knowledge and belief, a true and complete statement of all chalf of this committee in accordance with the requirements of M.G.L. c. 55. I enditures on my behalf during this reporting period. y filing separate report is, to the best of my knowledge and belief, a true and complete statement of all tres, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of

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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
,				
				·
Line 9:	Fotal receipts in excess of \$50 (or listed above)		-	
	Total receipts \$50 and under* (not listed above)			
Line 11: 7	FOTAL RECEIPTS IN THE PERIOD			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 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 number on each page.

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			·	
	·			
			,	
		·		
			·	
·				
		·		
		Line 12: I	Expenditures over \$50	
		Line 13: 1	Expenditures \$50 and under*	
E	nter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
8 200	Jary Stranger	Marlborough	(ampaign	270-
	, , ,			
	·			
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	270-

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

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE
CITY OF MASH BOROUGH

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2011 JAN 20 A II: 34

ll in dates: porting Period Beginning	1, 2010	Ending Month	31, ZOD
ype of report: (Check one) 8th day preceding preliminary □8th day prec	eding election 30 c	ay after election	year-end report □dissolution
Full Name of Candidaty (if applicable)	Borout	The Hed Committee	Ment Committee
Office Sought and District Steams Road, Mar Residential Address	Hoogh 4	Name of Commit	tee Treasurer US SOSO ing Address
Tel. No. (o	ptional)		Tel. No. (optional)
Line 1: Ending balance f Line 2: Total receipts thi Line 3: Subtotal (line 1 plus Line 4: Total expenditur Line 5: Ending balance (is period (page 2, li line 2) es this period (p	eport \$_ ne 11) \$_ \$_	(2265 17) 0.00 2295 17) 0.00 224,17)
Line 6: Total in-kind cont Line 7: Total (all) outstand Line 8: Name of bank(s) u	ding liabilities (p		170766
fidavit of Committee Treasurer: ertify that I have examined this report including attached enpaign finance activity, including all contributions, loans, a represents the campaign finance activity of all persons as G.L. c. 55. Signed under the campaign stream of the campaign finance activity of all persons as G.L. c. 55.	receipts, expenditures, disbur	sements, in-kind contribut	tions and liabilities for this reporting period
FOR CANDIDATE F	W WYCG ON W		

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 sampling 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. 59. Signed sider the penalties of perjury: 70 140
Candidate standard (in int)

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

number on each page.

Date Received		Amount		Occupation & Employer (for contributions of \$200 or more)
	Nove			# 7 (Open act)
le Char				
	* *			
		No.		
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			•	
	·	IN .		
			*0	
	Total receipts in excess of \$50 (or listed above)		÷	
Line 10:	Total receipts \$50 and under* (not listed above)		<u> </u>	
Line 11: 7	FOTAL RECEIPTS IN THE PERIOD	0	at	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 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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
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<u>_</u>		Line 12: I	Expenditures over \$50	-01	T
	F		Expenditures \$50 and under*		
Eı	nter on page 1, line 4		TOTAL EXPENDITURES	_01	3

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

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 From Whom Received* Received		Residential Address	Description of Contribution	Value	
	1	•			
	Dale			·	
• 1				N.	
		Line 15:	In-kind over \$50	0.00	
	· · · · · · · · · · · · · · · · · · ·	Line 16:	In-kind \$50 and under	-0.0C	
e e e e e e e e e e e e e e e e e e e	Enter on page 1, line 6	Line 17:	Total In-kind	+000	

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
9/24/6	3 MSKE Hd	is 418 Janus F	d Start-14	1667.67
125/0	3	1	,	1500.00
9/17/0	5	1	1	200.00
10/15/0	& MarkE. Hel	ie THE Steams To	Voter Sticker	5 /10D.DE
127				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	2076-67

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

Page 4



KATHERINE HENNESSY

Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

17,12,121,111,111	U 0105
CITY CLERK'S	OFFINE CONTRACTOR
CITY CHAMA	1

2011 JAH 11 A 10: 23

City or Town of: MARLISONSUS

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning_	Month (Day (Year	Ending	Month 12	Day 31	Year IO
Type of Report: (Check One 8th day preceding preliminary/primary		preceding election		30th day follov (Town or Speci			th day of January ar-End Report)

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/3	During	199 STEAMS ROAD	SCHOOL COMMITTEE
Mu	Milal Hr	199 Steam Rud	
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			11/97



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

DECEIVED	
ile with: City or Town Clark of Election Commission Please print or type all	information, except signatures.
Fill in dath: JAN 24 A 10: 51 Reporting Period Beginning 1 21	Year Month Date Year 10 Ending 12 31 10
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding elect	tion 30 day after election year-end report dissolution
Full Name of Candidate (if applicable) CITY COUNCILOR - WARD I (FORMER) Office Sought and District 251. HTTLEFIELD LN Residential Address MAGLEO ROLIGH, MA 01752 Tel. No. (optional)	COMMITTEE TO ELECT ROBERT KATZ WARD 1 · CITY COUNCILOR Committee Name ANDREA S. KATZ Name of Committee Treasurer 25 L LITTLE FIELD LN Committee Mailing Address MARLBORDUGH, MA 01752 Tel. No. (optional)
Line 1: Ending balance from pr Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contribution Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used ST	cd (page 2, line 11)
campaign finance activity, including all contributions, loans, receipts, exper	it is, to the best of my knowledge and belief, a true and complete statement of inditures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements as of perjury:
FOR CANDIDATE FILINGS OF	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any en activity. Candidate without Committee OR Candidate with independent activity certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expending	lit is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. Expenditures on my behalf during this reporting period. Privity filing separate report It is, to the best of my knowledge and belief, a true and complete statement of all itures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of
Candidate signature (in ink)	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.

This page may be copied 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	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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	Company of the Compan			
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			9 € \$.	The state of the s
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			-	
			*	
Line 9:	Total receipts in excess of \$50 (or listed above)			·
Line 10:	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	4		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 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 number on each page.

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
-					
· ·					
	:				
		I in 10.	Evnanditures ques CEA		
			Expenditures over \$50 Expenditures \$50 and under*		
En	ter on page 1, line 4		TOTAL EXPENDITURES)

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
•				
•				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	ربيہ ا

^{*} 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 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 number on each page.

Page 4



RECEIVED CITY CLERK'S OFFICE Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission 1/12/2011

Reporting Period - Beginning	: 8/14/2010	Ending: 12/31/2010	
Type of report: Year-end			
Steven Kerrigan		The Friends of Steven	Kerrigan

Steven Kerrigan	the friends of Staven Kerrigan
Full Name of Candidate	Committee Name
Ward 4 Councilor	John Edmond
Office Sought/ District	Name of Committee Treasurer
131 Bigelow St	131 Bigelow St
Marlborough, MA 01752	Marlborough, MA 01752
Residential Address	Committee Address

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$5.00
Total receipts this period:	\$0.00
Subtotal:	\$5.00
Total expenditures this period:	\$0.00
Ending Balance:	\$5.00
Total in-kind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of bank(s) used: Avidia 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:

Tre surer's signature (in ink)

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, and 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 and 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:

1/19/1

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.

Date Name and Residential Address	Amount	Occupation and Employe
Total Itemized Receipts	\$0.00	
Total Unitemized Receipts Total Receipts	\$0.00 \$0.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
Total Item	nized Expenditures	\$0.00	
Total Unit	cemized Expenditures	\$0.00	
Total Expe	enditures	\$0.00	

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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total I	temized In-kind Contributions	\$0.00	
Total U	nitemized In-kind Contributions	\$0.00	
Total I	n-kind Contributions	\$0.00	

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 the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00



Candidate signature (in ink)

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

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

OTT OF TRALEGROUP
e with: by or Town Clerk or Election Commission Please print or type all information, except signatures. 2011 JAN 19 19 3: 0
Fill in dates: Reporting Period Beginning Date Year Month Date Year Year Reporting Period Beginning Period Beg
Type of report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution
Donald R. Landers Full Name of Candidate (if applicable) City Councilor - Ward 7 Office Sought and District 84 Crosby Rd. Marlboro MA 01752 Residential Address 508 485-9141 Tel. No. (optional) Committee to elect Don Landers Committee Name Tanders Name of Committee Treasurer 84 Crosby Rd. Marlboro MA 01752 Committee Name 508-485-9141 Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used G. Mary's Credit Union
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. Treasurer's signature (in ink) FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
FOR CANDIDATE FIGURGS ONLT: (CANDIDATE MUST SIGN BELOW)
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:

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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	ount	Occupation & Employer (for contributions of \$200 or more)
	·			
			+	
		,		
·				
			·	
		,		· ·
Line 9:	Γotal receipts in excess of \$50 (or listed above)	-0-		
Line 10:	Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: 7	ine 11: TOTAL RECEIPTS IN THE PERIOD			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 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 number on each page.

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		· .		·
		·		
		·		
		Line 12:	Expenditures over \$50	-0-
			Expenditures \$50 and under*	-0-
E	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	-0-

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
	· · · · · · · · · · · · · · · · · · ·	Line 15:	In-kind over \$50	-0-
		Line 16:	In-kind \$50 and under	-0-
	Enter on page 1, line 6	Line 17: Total In-kind		-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.

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
		·		
	·			
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	-0-

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

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARUBOROUGH

Massachusetts	CITY OF MARLBOROUGH
le with: ity or Town Clerk or Election Commission Please print or type all information, except signatures.	2011 JAN 20 A 9 2
Fill in dates: Reporting Period Beginning 0/ 20 200 Ending /2	Dets Year 31 2510
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election	
City Councilor - At- Lauge Anna Mc	GORTY
Pill in dates: Reporting Period Beginning	
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4)	\$ 213.98 \$ 300.00 \$ 513.98 \$ \times 00.00 \$ 13.98
campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and represents the campaign finance activity of all persons acting under the authority or on behalf of this communication. M.G.L.c. 55. Signed under the penalties of perjury:	butions and liabilities for this reporting perio mittee in accordance with the requirements of
FOR CANDIDATE FILINGS ONLY. (CANDIDATE MIST SIGN	

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
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:
1/20/11
Candidate signature (in ink)
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.

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

number on each page.

Date Received	eceived (alphabetical listing required)		ount	Occupation & En (for contributions of \$2		
4114/10	J. Michael Mc1 73 Hutch 1430	Dr. Myr. Yn Ar	\$ 300	00	Mmagen Middlesex Shent	t's Office
		,			`	
		-				
			·			
	,					
						-
Line 9:	Total receipts in excess of \$50	(or listed above)	k300.	00		
Line 10:	Total receipts \$50 and under*	(not listed above)				
Line 11:	TOTAL RECEIPTS IN THE	PERIOD	300.	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 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
5/5/10	Metalest Priving	160 MAIN 3X Munksilough MA	PRINTING	\$ 520.	00
		·			
		,			
			,		-
	_			\$ 500	00
-	nter on page 1, line 4		Expenditures \$50 and under* TOTAL EXPENDITURES	k	^

^{*}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 3

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

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
5/5/10	Metrowest Phiston	MAUL BOTO MA	Palviting	#182,25
				·
		· ·		
<u> </u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$162.25

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

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

le with: ity or Town Clerk or Election Commission Please print or type all in	Formation, except signatures.
Fill in dates: Reporting Period Beginning January / 20	Finding Neember 31 2010
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	on 30 day after election Syear-end report dissolution
Sean Navin Full Name of Candidate (if applicable) Mariporo (ouncilor-At-Large Office Sought and District A36 A Bolton, St. Mariporo, MA Residential Address Tel. No. (optional)	Committee to Elect Sean Navin Committee Name JOSEPH NAVIN Name of Committee Tyeasurer 154 Warring Ad. Naviboro Ma Committee Mailing Address Tel. No. (optional)
Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	(page 2, line 11) \$ 742, 30 eriod (page 3, line 14) line 4) \$ 742, 30 this period (page 4) \$ 1000, 00
campaign finance activity, including all contributions, loans, receipts, expendent represents the campaign finance activity of all persons acting under the bi.G.L. c. 35. Signed under the penalties Treasurer's signature (in ink)	// 8 / 3 0 / / Date
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the commit I certify that I have examined this report including attached schedules and i campaign finance activity, of all persons acting under the authority or on b have not received any contributions, incurred any liabilities nor made any exp Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditions.	t is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I benditures on my behalf during this reporting period. By filing separate report to is, to the best of my knowledge and belief, a true and complete statement of all area, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of

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

Date Received	Name and Residential Address	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
				. La
			<u> </u>). A
,				
Line 9:	Total receipts in excess of \$50 (or listed above)	1		
Line 10:	Total receipts \$50 and under* (not listed above)	1		
	TOTAL RECEIPTS IN THE PERIOD	1		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 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 number on each page.

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address P	urpose of Expenditure	Amoun
				.
			·	
		·	·	
·				
		·		
		Line 12: Exp	enditures over \$50	0
	Į		enditures \$50 and under*	0
En	iter on page 1, line 4	Line 14:TO	TAL EXPENDITURES	0

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·	Line 15:	In-kind over \$50	0
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	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.

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
11/2/200	Sean Navin	236A Botton St.	Loan from	
	(Loan)	Marthorough Mit	Candidate	1000,00
	·			
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	9/000.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page. Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

	•	wi	也	м

y or Town Clerk or Election Commission Please print or type all if	ntormation, except signatures. 2011 JAN 24 P 5: 54
	Year Mooth Date Year FOLD Ending Decreater 31 2010
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding elections.	ion 30 day after election Degreend report dissolution
Mark A. Oram	Oram Campaign Committee
Full Name of Candidate (if applicable)	Mark E. Flance
Office Sought and District	Name of Committee Treasurer
108 Upland Road	61 Woodland Road
Residential Address	Committee Mailing Address Hulden MA 01570
Marlbergy h MA Ol75 > Tel. No. (optional)	Tal Na (antique)
	508, 879, 9/4/ 1et. 140. (optional)
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending balance from pro	The second control of the control of
Line 2: Total receipts this period	
Line 3: Subtotal (line 1 plus line 2)	\$ 79.50
Line 4: Total expenditures this p	period (page 3, line 14) \$
Line 5: Ending balance (line 3 minus	
Line 6: Total in-kind contributions	s this period (page 4) \$
Line 7: Total (all) outstanding liab	
Line 8: Name of bank(s) used	
ampaign finance activity, including all contributions, loans, receipts, expen-	it is, to the best of my knowledge and belief, a true and complete statement of all ditures, disbursements, in-kind contributions and liabilities for this reporting periods authority or on behalf of this committee in accordance with the requirements of of perjury:
FOR CANDIDATE FILINGS ON	VLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on I have not received any contributions, incurred any liabilities nor made any explications. Candidate without Committee OR Candidate with independent activity certify that I have examined this report including attached schedules and icampaign finance activity, including contributions, loaner rescipts, expendit	it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I penditures on my behalf during this reporting period. ty filing separate report it is, to the best of my knowledge and belief, a true and complete statement of all tures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of its of perjury:
Candidate elevatore (in ink)	01-24-11
Candidate signature (in ink)	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.

This page may be copied 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)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
				(i)
· · · · · · · · · · · · · · · · · · ·				`
	•			
Line 9:	Total receipts in excess of \$50 (or listed above)	0		
Line 10:	Total receipts \$50 and under* (not listed above)	0		
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD	A		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 B1 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		·			
		·		-	
·					
		,			
:					
``.		Line 12:	Expenditures over \$50	0	
		Line 13:	Expenditures \$50 and under*	Ò	
Er	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	A	

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
,	·			
	·			
		Line 15: In-kind over \$50		
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6 Line 17: Total In-kind			10

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
18/31/02	Mork A. Oram	Marlboraugh MA	Campaign	8568.87
1/1-1926	Mark A. Oram	n n	11 11	1502,19
		10.01/2007		(1) (2)
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		10071,06

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

Page 4



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

mmonwealth Massachusetts	ļ	£			C	CITY OF MASS	FEORGUEH
le with: ty or Town	Clerk or Election Commission	Please print or typ	e all information	on, except sign		2011 JAN 10	
Fill in d Reporti		sth Date AN I	Year ZUIO	Ending	Month DEC	Date 31	SO10 Acet
	f report: (Check one) ay preceding preliminary	□8th day preceding	g election 🗆	0 day after ele	ection 🔼 y	ear-end report	□dissolution
	Full Name of Candidate (ING (if applicable) 2GE			<i>V/A</i> Committee N	Vame	
U2	Office Sought and I	V		Name	of Committee	e Treasurer	
$\frac{95}{M_l}$	Residential Add ARLBORO MA			Comr	nittee Mailin	g Address	
	08-481-6189	Tel. No. (option	al)			Tel. No.	(optional)
I certify the campaign	Line 1: Ending Line 2: Total r Line 3: Subtota Line 4: Total e Line 5: Ending Line 6: Total in Line 7: Total (a Line 8: Name or of Committee Treasurer: that I have examined this report in finance activity, including all con sents the campaign finance activity 55.	receipts this per al (line 1 plus line 2 expenditures to balance (line 3 exhibit contributed) outstanding of bank(s) used arributions, loans, receipt	n previous eriod (page 2 2) this period minus line 4) ations this p g liabilities Conto the authority ander the authority	report 2, line 11) (page 3, line period (page (page 4) AL ONE	\$	ns and liabilities fo	inplete statement of all or this reporting period
Treasure	r's signature (in ink)					Date	
	FOR CA	ANDIDATE FILIN	GS ONLY: (CA	ANDIDATE MU	ST SIGN BEL	.ow)	
☐ Candi I certify t campaign have not n ☐ Candi I certify t campaign	t of Candidate: (check 1 box onlidate with Committee and no act that I have examined this report in finance activity, of all persons a received any contributions, incurredidate without Committee OR Canthat I have examined this report in finance activity, including contributions the campaign finance activity.	tivity independent of the ncluding attached schedu acting under the authorit ed any liabilities nor mad ndidate with independe ncluding attached schedu ibutions, loans, receipts,	ales and it is, to the ty or on behalf of the any expenditures and activity filing sales and it is, to the expenditures, disb ander the authority	this committee ir on my behalf dur eparate report best of my known ursements, in-kin or on behalf of	n accordance wring this reports wledge and belied contributions	with the requirementing period. ief, a true and comes and liabilities for	ts of M.G.L. c. 55. I

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

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	ount	Occupation & Employer (for contributions of \$200 or more)
	NA			
				·
				·
			·	
	•			
Line 9:	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD		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 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

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	NA			
			·	
				·
		• •		
·				
			·	
				·
		Line 12:	Expenditures over \$50	
			Expenditures \$50 and under*	/
E	nter on page 1, line 4	Line 14:'	TOTAL EXPENDITURES	0

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
	N/A			
				Managara and American American
-				
			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6		Total In-kind	9

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
	NA	·		

Enter on page 1, line 7		Line 18: OUTSTANDING	LIABILITIES (ALL)	0

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

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

	11 10 10 10 1
File	with:

ile with: City or Town Clerk or Election Commission Please print or type all info	ormation, except signatures. 2011 JAN 10 P 2: 25			
Fill in dates: Month Date Year Reporting Period Beginning / / 201	0 Ending 12 31 2010			
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n □30 day after election ☑year-end report □dissolution			
Paul Polewacyk (None			
Full Name of Candidate (if applicable) Councelor at Large	Committee Name			
28 Pleasant ST	Name of Committee Treasurer			
Residential Address	Committee Mailing Address			
Tel. No. (optional)	Tel. No. (optional)			
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used 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 a M.G.L. c. 55. Signed under the penalties of Treasurer's signature (in ink)	uthority or on behalf of this committee in accordance with the requirements of perjury:			
	Date			
campaign finance activity, of all persons acting under the authority or on bel have not received any contributions, incurred any liabilities nor made any exper Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is	s, to the best of my knowledge and belief, a true and complete statement of all salf of this committee in accordance with the requirements of M.G.L. c. 55. I selitures on my behalf during 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

Signed under the penalties of perjury:

Candidate signature (in ink)

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

Date Name and Residential Address Received (alphabetical listing required)		Amo	ount	Occupation & Employer (for contributions of \$200 or more)
				ci.
	·			
		<u> </u>		
		,		
			·	
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	n	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 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 number on each page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	ınt
				·	
				·	
					
			·		
				·	
-					
		·			
		-			
			Expenditures over \$50		
En	ter on page 1, line 4		Expenditures \$50 and under* FOTAL EXPENDITURES	00	

^{*}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 3

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

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
į	·			,
		·		·
				·
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

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

Page 4



Form CPF M 102: Campaign Finance Report RECEIVED Municipal Form CITY CLERK'S OFFICE CITY OF MARLEDROUGH

Office of Campaign and Political Finance

	2011 JAN 20 A 9
File with: City or Town Clerk or Election Commission	1/19/201
	12/3/12/12012
Reporting Period - Beginning: 1/19/2010	Ending: 1/19/2011
Type of report: Year-end	
Patricia A. Pope	The Committee To Elect Patricia A. Pope
Full Name of Candidate	Committee Name
Councilor At Large	Kathryn M. Bagley
Office Sought/ District	Name of Committee Treasurer
114 Houde Street	15 Dickenson Way
Marlborough, MA 01752	Marlborough, MA 01752
Residential Address	Committee Address
SUMMARY BALANCE Ending Balance from previous represents this period: Subtotal: Total expenditures this period: Ending Balance:	
Total in-kind contributions this	s period: \$0.00
Total outstanding liabilities:	\$1,740.00
Name of bank(s) used: St Mary	y's Credit Union
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance expenditures, disbursements, in-kind contributions and liabili finance activity of all persons acting under the authority or requirements of M.G.L. c. 55.	activity including all contributions, loans, receipts, ties for this reporting period and represents the campaign
Signed under the penalties of perjury:	,
Hathryn M. Bagley	1/20/11
Treasurer's signature (in ink)	Date
Affidavit of Candidate (check 1 box only) :	
I certify that I have examined this report, and attached sched true and complete statement of all campaign finance activity, this committee in accordance with the requirements of M.G.L. cany liabilities nor made any expenditures on my behalf during	ules and it is, to the best of my knowledge and belief, a of all persons acting under the authority or on behalf of 55. I have not received any contributions, incurred
Candidate without Committee OR candidate with indep I certify that I have examined this report and attached schedu	

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

Signed under the penalties of perjury: Tatricia Ile

requirements of M.G.L. c. 55.

120/11

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.

Date	Name and Residential Address	Amount	Occupation and Employe
	nized Receipts cemized Receipts nipts	\$0.00 \$0.00 \$0.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Da.	te Name and Address	Amount	Purpose
	Itemized Expenditures Unitemized Expenditures	\$0.00 \$0.00	
	Expenditures	\$0.00	

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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Item	ized In-kind Contributions	\$0.00	
Total Unit	emized In-kind Contributions	\$0.00	
Total In-k	ind Contributions	\$0.00	

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
7/16/1997	Pope (Loan), Patricia A. 114 Houde Street Marlborough, MA 01752	\$40.00	Loan from candidate
8/15/1997	Pope (Loan), Patricia A. 114 Houde Street Marlborough, MA 01752	\$450.00	Loan from candidate
8/27/1997	Pope (Loan), Patricia A. 114 Houde Street Marlborough, MA 01752	\$50.00	Loan from candidate
9/15/1997	Pope (Loan), Patricia A. 114 Houde Street Marlborough, MA 01752	\$570.00	Loan from candidate
11/21/1997	Pope (Loan), Patricia A. 114 Houde Street Marlborough, MA 01752	\$130.00	Loan from candidate
10/2/2005	Pope (Loan), Patricia A. 114 Houde Street Marlborough, MA 01752	\$500.00	Loan from candidate
Total Outst	anding Liabilities	\$1,740.00	



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

RECEIVED CITY CLERK'S OFFICE CITY OF MASLBOROUGH

Fi	le	with:

Ci

or Town Clerk or Election Commission Please print or type all information, except signatures.	<i>}</i> :
Fill in dates: Month Date Year Month Date Year Reporting Period Beginning / 2 2010 Ending /2 32 2010	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ Year-end report ☐ dissolution	n
Kathleen Robey Full Name of Candidate (if applicable). School Committee - Marlborough Office Sought and District 97 Hudson St, Marlborough Residential Address Tel. No. (optional) Kathe Robey Committee Committee Name Fric Baur Name of Committee Treasurer 97 Hudson St, Marlborough Committee Mailing Address Tel. No. (optional)	
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 4) \$	
Affidavit of Committee Treasurer: 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 campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting per and represents the dampaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirement of M.G.L. c. 55. Signed under the penalties of perjury: 1/9/20// Date Da	eriod
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	
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 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 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 campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting per and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements M.G.L. c. 55. Signed under the penalties of perjury:	fall

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 number on each page.

	· · · · · · · · · · · · · · · · · · ·			(for contributions of \$200 or more)
<u> </u>				
				·
			,	
	,	······		
	tal receipts in excess of \$50 (or listed above)			
	ral receipts \$50 and under* (not listed above) OTAL RECEIPTS IN THE PERIOD			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 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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	·		·	
,				
			·	
		Line 12:	Expenditures over \$50	
			Expenditures \$50 and under*	
E	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·	·		
				-
•				
-		T 16.	I 1: 1	<u> </u>
			In-kind over \$50	ļ
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	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.

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
8/15/95	Kathleen Robey	97 Kudson St. 100	an 750.00 89.80
9/16/95	- " i		89.80
9/22/79	1) 1) 1) 1)	"/	500.00 45.31 79.79
9/30/07	11 11	"	64.96
	·		
	,		
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABI	LITIES (ALL) 1967.86

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

Page 4



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

RECEIVED

managerealth Manageliungtin	CITY CLENICS OFFICE CITY OF MAPLECORUST
le with: ity or Town Clerk or Election Commission Please print or type all information, except signatures.	2011 JAN 25 A IC: 57
Fill in dates: Reporting Period Beginning 0/ 20 10 Ending 0/	22 // Year
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election	year-end report sissolution
Office Sought and District Name of Comm 15 MACOMBER CANE CATYCOUNCIL WARD 3 Name of Comm (15 Sepan	ailing Address
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used St. MANGES (CLEUT)	
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 campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and represents the campaign finance activity of all persons acting under the authority or on behalf of this community. Signed under the penalties of perjury: Treasurer's signature (in ink)	outions and liabilities for this reporting period

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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

number on each page.

Date Received	Name and Residential Address d (alphabetical listing required)		ount	Occupation & Employer (for contributions of \$200 or more	
				/	
				,	
		,			
			٠		
Line 9:	Total receipts in excess of \$50 (or listed above)	0	00		
Line 10:	Total receipts \$50 and under* (not listed above)	10	00		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	0	OD	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 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

number on each page. Date Paid To Whom Paid Address Purpose of Expenditure Amount (alphabetical listing) Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and under* Enter on page 1, line 4 Line 14: TOTAL EXPENDITURES

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
			,	
	·	Line 15:	In-kind over \$50	Ø
	•	Line 16:	In-kind \$50 and under	Ø,
	Enter on page 1, line 6	Line 17:	Total In-kind	Ø

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
ranous	Scott D. Schafor	15 MACOMBER CAME	various variotis canpaign 2003-	3,260.31
			·	
				·
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	3,260.31

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

Page 4



Form CPF M 102: Campaign Finance Report

RECEIVED CITY CLERK'S OFFICE CITY OF MARLECPOUGH **Municipal Form** Office of Campaign and Political Finance 7011 IAN 20L A 2 51

	File with: City of Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date: // 1/1	Ending Date: 12/31/10
Type of Report: (Check one)	
	30 day after election year-end report dissolution
our day preceding premininary our day preceding election	you and report ussolution
Robert Seymon Candidate Full Name (if applicable)	committee to Elect Robert Seymon
Ward 5 City Councilor Office Sought and District	Christine Seymon Name of Committee Treasurer
17 Kenney Lane manlbrough Residential Address	17 Kenney Lane Manlbowg4 Committee Mailing Address
Telephone Number (optional):	lephone Number (optional):
SUMMARY BALANCE IT	NFORMATION:
Line 1: Ending Balance from previous report	1229.86
Line 2: Total receipts this period (page 3, line 11)	N/A
Line 3: Subtotal (line 1 plus line 2)	1229-86
Line 4: Total expenditures this period (page 5, line 14)	N/A
Line 5: Ending Balance (line 3 minus line 4)	1,231.86 (interest + balance
Line 6: Total in-kind contributions this period (page 6)	NA
Line 7: Total (all) outstanding liabilities (page 7)	N/A
Line 8: Name of bank(s) used: St. Many	's Coedit Union
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accord. Signed under the penalties of perjury:	utions and liabilities for this reporting period and represents the campaign
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 activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period	f my knowledge and belief, a true and complete statement of all campaign finance ce with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kin campaign finance activity of all persons acting under the authority or on behalf of this committee.	f my knowledge and belief, a true and complete statement of all campaign and contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/17/1

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

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			*
`	///		
			, , , , , , , , , , , , , , , , , , ,
Line 9: T	otal receipts in excess of \$50 (or listed above)		
Line 10: T	otal receipts \$50 and under* (not listed above)		
Line 11: T	OTAL RECEIPTS IN THE PERIOD		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 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	Amoun
			·	
		1		
			·	
·				
	,			
	·			
		Line 12:	Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
En	ter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
		, ·		
				,
	· .			
			•	
			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6		Total In-kind	

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
			·	
	Enter on page 1, line 7	Line 18: OUTSTANDING LIA	ABILITIES (ALL)	

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

Page 4



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

RECEIVED CITY CLERK'S OFFICE CITY OF MARLEOROUGH

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-			
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	le	WITE	۰

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2011 JAN 20 A II: 35

	Year Month Deta Year 0 / 0 Ending / 2 3 / 20 / 0
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding elections.	ion □30 day after election ☑year-end report □dissolution
GEORGE EDWAND STEIN	Committee to their Geneses STEN
Full Name of Candidate (if applicable) WAND 3 COT COUNCILUL	Mony And STEW
Office Sought and District 28 SANDIJI ROMO	Name of Committee Treasurer 28 SANDINI ROND
Residential Address MALLBOWY GISMA SUB 481468	Committee Mailing Address MALLS INVUGA, MA 50848/4605
Tel. No. (optional)	MARCS 2 NULL 64, MA 50848/4608 Tel. No. (optional)
	ANCE INFORMATION:
Line 1: Ending balance from pro	
Line 2: Total receipts this period	
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p	\$ 121.02 period (page 3, line 14) \$ 5.00
Line 5: Ending balance (line 3 minus	
Line 6: Total in-kind contributions	s this period (page 4) \$
Line 7: Total (all) outstanding liab	
Line 8: Name of bank(s) used no	TALBURULEA SAVINGS BALINE
campaign finance activity, including all contributions, loans, receipts, expen	it is, to the best of my knowledge and belief, a true and complete statement of all aditures, disbursements, in-kind contributions and liabilities for this reporting period a authority or on behalf of this committee in accordance with the requirements of a of perjury:
FOR CANDIDATE FILINGS OF	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any ex Candidate without Committee OR Candidate with independent activit I certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expendit	it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I spenditures on my behalf during this reporting period. ity filling separate report it is, to the best of my knowledge and belief, a true and complete statement of all stures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of

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

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amour	nt Occupation & Employer (for contributions of \$200 or more
			i.
	·		
			·
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			·
		•	
·			
Line 9:	Total receipts in excess of \$50 (or listed above)		
Line 10:	Total receipts \$50 and under* (not listed above)		
Line 11:	TOTAL RECEIPTS IN THE PERIOD		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 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	Am	ount
			·		
	· · · · · · · · · · · · · · · · · · ·				
			·		
				·	
			•		
					-
		Line 12: 1	Expenditures over \$50		
		Line 13: I	Expenditures \$50 and under*	5	CC
En	ter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	5	ပပ

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
			• .	
		•		·
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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 Incurred	To Whom Due	Address	Purpose	Amount
VARIOUS	GEONGE STEIN	28 SANDINI MD MUBONIUGIO, MA	رده.	632.73
	GRUNGE STELL	10(14-03)	り か	1129.08
VARIOUS	GEMGE STEW	28 SANDNIRD MARLBONNUGH, MA	uml	320,72
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABI	ILITIES (ALL)	2082.53

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

Page 4



File with:

City or Town Clerk or Election Commission

	Form CPF M 102: Campaign Fin Municipal Form Office of Campaign and Political Finan	•
mmenwealth Massachusetts		RECEIVED CITY CLERK'S OFFICE
e with:		CITY OF MARLESONOUGH

2011 JAN 19 P 1: 27	
Fill in dates: Reporting Period Beginning Aug 2 2010 Ending Date Year Ending	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ wear-end report ☐ dissolution	1
Robert J. Tunnera Full Name of Candidate (if applicable) City Councilor Ward 4 Office Sought and District 23 Sumner 5t Residential Address Marlboro MA 508-414-0838 Tel. No. (optional) Committee to Elect Robert J. Tunnera Committee Name Joseph A. Tunnera Name of Committee Treasurer 46 Richard Robert Committee Name Joseph A. Tunnera Name of Committee Treasurer 46 Richard Robert Committee Name Joseph A. Tunnera Name of Committee Treasurer 46 Richard Robert Tel. No. (optional) Tel. No. (optional)	\
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Macharo Savings 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 campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting polyand represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirement M.G.L. a. 55. Signed under the penalties of perjury: Treasurer's signature (in ink) Date	riod
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	
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 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 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 campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting per and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements. Signed under the penalties of perjury: 1-20-2011 Candidate signature (in ink)	all riod

Please print or type all information, except signatures.

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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
	·			
				·
			•	
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Line 9: T	Total receipts in excess of \$50 (or listed above)			
Line 10: T	Total receipts \$50 and under* (not listed above)			
Line 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 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 eac Date Paid		Address	Purpose of Expenditure	Am	ount
8/12	Robert Tumera	23 Summer 57	reinbursement for initial Funds	500	00
				A A A A A A A A A A A A A A A A A A A	
		·			
		Line 12: I	Expenditures over \$50	500	∞
		Line 13: I	Expenditures \$50 and under*		
E	Enter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	500	00

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
,				
-				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	Total In-kind	

^{*} 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 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 number on each page.

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance Commonwealth of Mannehoustis	RECEIVED CITY CLERK'S OFFICE CITY OF MARLOGROUGH
File with: City or Town Clerk or Election Commission Please print or type all information, except signs	2011 JAN 13 A 10: 59
Fill in dates: Reporting Period Beginning O/ O/ PEnding	Month Data Year 12 31 10
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after ele	ction Eyear-end report dissolution
JOSEPH A. VALARIOTI NOI	VE
	Committee Name
Office Sought and District Name o	f Committee Treasurer
25 130UNDARY STMARLIBOROUGH Residential Address 508-485-437	nittee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE INFORMAT Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 1) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used	\$ 0 \$ 0 \$ 0 4) \$ 0 \$ 0

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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY:	(CANDIDATE MUST SIGN BELOW)
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 campaign finance activity, of all persons acting under the authority or on behalf of	the best of my knowledge and belief, a true and complete statement of all
have not received any contributions, incurred any liabilities nor made any expenditus	res on my behalf during this reporting period.
Candidate without Committee OR Candidate with Independent activity filing	g 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, di	isbursements, in-kind contributions and liabilities for this reporting period
and represents the campaign finance activity of all persons acting under the authori	ity or on behalf of this committee in accordance with the requirements of
M.G.L. c. 55. Signed under the penalties of pe	erjury:
Gradidate signature (in ink)	1-3-11
Candidate signature (in ink)	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.

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

Date Received	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
	·		
			>
Line 9: 7	Total receipts in excess of \$50 (or listed above)		
Line 10: 7	Total receipts \$50 and under* (not listed above)		
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD		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 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			·	
·				
				-
· ·				
1			Expenditures over \$50	
C.	nter on page 1, line 4		Expenditures \$50 and under* TOTAL EXPENDITURES	

^{*}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 3

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
				·
			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6		Total In-kind	

^{*} 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 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 number on each page.

Page 4



Amerded "

Form CPF M 102: Campaign Finance Ref

Office of Campaign and Political Finance 2012 OCT 18 P 12: 49

File with: City or Town Clark or Election Commission Reporting Period - Beginning: 1/1/2010 Ending: 12/31/2010 Type of report: Year-end Arthur G. Vigeant Committee to Elect Arthur G. Vigeant Full Name of Candidate Committee Name City Councilor at Large Stephen Vigeant Office Sought/ District Name of Committee Treasurer 186 Main Street 186 Main Street Marlborough, MA 01752 Marlborough, MA 01752 Residential Address Committee Address SUMMARY BALANCE INFORMATION Ending Balance from previous report: \$5,460.78 Total receipts this period: \$8,647.82 Subtotal: \$14,108.60 Total expenditures this period: \$3,963.20 Ending Balance: \$10,145.40 \$0.00 Total inkind contributions this period: Total outstanding liabilities: \$10,423,31 Name of bank(s) used: Peoples United Bank A particular of the property o 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, inkind 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 name 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, and 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 mada 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 and 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, inkind 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 pendities of Ferjury:

10-17-12

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.

Date	Name and Residential Address	Amount	Occupation and Employer
12/31/2010	BERGERON, Arthur 54 SHEA DRIVE Marlborough, MA 01752	\$500.00	ATTORNEY Mirick O'Connell
12/31/2010	BONIN, Walter 64 COUNTRY LANE Marlborough, MA 01752	\$125.00	FINANCIAL ADVISOR SELF
12/31/2010	BREAZZANO, David 193 DUTTON ROAD Sudbury, MA 01776	\$250.00	Investments DDJ Capital MANAGEMENT
12/31/2010	Burdan, Stanislav 69 Lowell Avenue Newton, MA 02460	\$250.00	Business Owner ST MARY'S OF FRENCH HI
12/31/2010	CONNORS, Robert 10 HUNDREDS ROAD WESTBORO, MA 01581	\$250.00	REAL ESTATE MANAGEMENT SELF Robert Connus
12/31/2010	Delli Priscoli, Jon 929 Boston Post Road East Marlborough, MA 01752	\$250.00	Developer Brigham Dev. Co. Inc
12/31/2010	Donnarumma, Benjamin 329 Maple Street Marlborough, MA 01752	\$250.00	Owner All Star Auto Sales
12/31/2010	DWYER, Margaret 33 SPOONHILL AVENUE Marlboro, MA 01752	\$250.00	CONSULTANT MMD STRATEGIC SERVICES
12/31/2010	FERRECCHIA, Stefanie 172 SHAWMUT AVENUE Marlborough, MA 01752	\$250.00	REAL ESTATE SALES DORA NAVES & ASSOC, IN
12/31/2010	GADBOIS, David 27 PROSPECT STREET Marlboro, MA 01752	\$250.00 D	attorney and Gadbois, Attorney at Law

*			
Dave	Name and Residential Address	Amount	Occupation and Employer
12/31/2010	Giroux, James 8 Naugler Ave Marlborough, MA 01752	\$125.00	
12/31/2010	HARGRAVE, Alfred 19 POWERLINE ROAD Grafton, MA 01519	\$100.00	C P A SELF
12/31/2010	HOGAN, Michael 33 SPOONHILL AVENUE Marlborough, MA 01752	\$250.00	President & CEO A D Makepeace Co
12/31/2010	Holland, Richard 666 Brigham Street Marlborough, MA 01752	\$300.00	Owner Holland Woodworking, I
12/31/2010	KANE, Shirley 25 LEWIS STREET Hudson, MA 01749	\$250.00	RETIRED NA
12/31/2010	Kays, Robert 520 Lincoln St Marlborough, MA 01752	\$250.00	Owner Prospector Saloon
12/31/2010	McCARTHY, Daniel 14 FINECONE LANE Southborough, MA 01772	\$100.00	C P A SELF
12/31/2010	MITRAKAS, Greg 230 SIMPSON ROAD Marlborough, MA 01752	\$250.00	Realtor Mitrakas Realty
12/31/2010	MITRAKAS, Gregory 39 VARLEY RD Marlboro, MA 01752	\$250.00	ATTORNEY SELF OFFICES OF Gregory Mitraka
12/31/2010	MOSCHOS, D.M. 100 FRONT STREET #1700 Worcester, MA 01608	\$200.00	ATTORNEY Mirrick O'connell
12/31/2010	Murphy, Brian 34 Alan Road Marlborough, MA 01752	\$500.00	Energy Consultant Colonial Power Group,
12/31/2010	MURPHY, Michael 76 EAST END ROAD Bolton MA 01740	\$250.00	INSURANCE AGENT MURPHY INSURANCE

Bolton, MA 01740

\$			
Dațe	Name and Residential Address	Amount	Occupation and Employer
12/31/2010	NAHIGIAN, Harold 23 Highland Street Cambridge, MA 02138	\$250.00	R/E DEVELOPER/Inustar Harold & Nahigi
12/31/2010	O'Malley, Michael One Kelly Lane Hudson, MA 01749	\$250.00	Business Owner MFO SERVICES, INC.
12/31/2010	PEZZONI, William 23 PRESIDENTIAL DRIVE Southborough, MA 01772	\$125.00	ATTORNEY Day Pitney LLP
12/31/2010	POLANOWICZ, John 2 ABENAKI ROAD Northboro, MA 01532	\$200.00	CEO MARLBOROUGH HOSPITAL
12/31/2010	SALUK, Bruce 359 CHESTNUT STREET Hudson, MA 01749	\$300.00	CIVIL ENGINEER SOLO SALUK ASSOCICA
12/31/2010	Santos, Joseph 8 Santos Drive Hudson, MA 01749	\$500.00	Business Owner L & S Boule Ins Co, In
12/31/2010	SHAY, Joseph 3 WYNDEMERE DRIVE Southborough, MA 01772	\$250.00	CO PRESIDENT KENS FOODS
12/31/2010	Shepard, Jamie 72 Donahue Drive Marlborough, MA 01752	\$500.00	Sales ICI CORP
12/31/2010	Teager, Thomas 190 Rolling Meadow Drive Holliston, MA 01746	\$250.00	Business Owner ForeKicks
12/31/2010	VIGEANT, Stephen 51 RED SPRING ROAD MARLBOROUGH, MA 01752	\$500.00	COMPUTER SOFTWARE TRACKER SYSTEMS, INC.
	zed Receipts mized Receipts pts	\$8,575.00 \$72.82 \$8,647.82	

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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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
1/14/2010	ARTHUR VIGEANT 650 PLEASANT STREET MARLBOROUGH, MA 01752	\$2,000.00	Liability repayment
12/31/2010	Butler Bank Main Street Marlborough, MA 01752	\$125.00	Bank Fee
1/5/2010	Dave Walton 178 Prairie Street Concord, MA 01742	\$100.00	Boys Club Annual Dinner
6/7/2010	Emoloyment Options, Inc. Brigham Street Marlborough, MA 01752	\$100.00	Donation
6/3/2010	Evangelidis Committee 215 Newell Road Holden, MA 01520	\$100.00	13916 Contribution
1/4/2010	Gatehouse Media NE P.O.Box 981067 Marlborough, MA 01752	\$239.20	Subscription
1/4/2010	Kathy Fausnacht 15 Jackson Circle Franklin, MA 02038	\$195.00	Office Help
9/7/2010	Levy Committee 61 O'Grady Road Marlborough, MA 01752	\$100.00	14749 Contribution
5/25/2010	M E D C Main Street Marlborough, MA 01752	\$350.00	Dues and Subscriptions
9/7/2010	MAIN STREET JOURNAL 186 MAIN STREET MARLBOROUGH, MA 01752	\$199.00	Advertising
5/25/2010	Marlborough 350 Main Street Marlborough, MA 01752	\$175.00	Advertising

Dațe	Name and Address	Amount	Purpose
. , , , ,			
9/23/2010	Polito Committee 11 Coachman Ridge Rd. Shrewsbury, MA 01545	\$100.00	13256 Contribution
	zed Expenditures emized Expenditures aditures	\$3,783.20 \$180.00 \$3,963.20	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Dat	te Name and Residential Address	Value	Description Occupation/Employer
Total	Itemized Inkind Contributions	\$0.00	
Total	Unitemized Inkind Contributions	\$0.00	
Total	Inkind Contributions	\$0.00	

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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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
10/30/2008	Arthur Vigeant 650 Pleasant Street Marlborough, MA 01752	\$3,966.05	Printing
11/3/2008	Arthur Vigeant 650 PLEASANT STREET Marlborough, MA 01752	\$3,457.26	Printing
12/31/2003	ARTHUR VIGEANT 650 PLEASANT STREET MARLBOROUGH, MA 01752	\$3,000.00	LOAN
Total Outst	anding Liabilities	\$10,423.31	