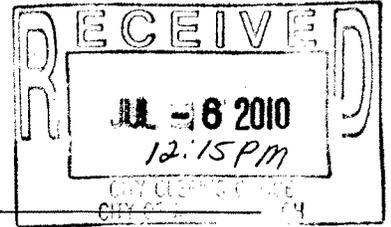




Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 6 Date 7 Year 2010 Ending Month 7 Date 6 Year 2010

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

Laura A. Butland  
Full Name of Candidate (if applicable)  
Ward 4 City Council  
Office Sought and District  
44 Ferrecchia Dr  
Residential Address 508  
Marlborough, MA 0251-1065  
Tel. No. (optional)

Committee to Elect Laura Butland  
Committee Name  
Paola A. Tremblay  
Name of Committee Treasurer  
44 Ferrecchia Dr  
Committee Mailing Address 508  
Marlborough MA 0251-1065  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>298.86</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>100.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>398.86</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>398.86</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>0</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>—</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>—</u>
Line 8: Name of bank(s) used	<u>Marlborough Savings Bank</u>

**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.  
Paola A. Tremblay Signed under the penalties of perjury:  
Treasurer's signature (in ink) Date 7-7-10

**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.  
Laura A. Butland Signed under the penalties of perjury:  
Candidate signature (in ink) Date 7-7-10

**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)
6-11-10	Susan E. 456 Elm St Marlboro MA Steve Lefebvre	100	-	unknown
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)				
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		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.

**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	
7-1-10	Richard Tremblay	4602 Elm St Marlborough	reimbursement for food	398	86
Line 12: Expenditures over \$50				398	86
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				398	86

Enter on page 1, line 4

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

**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
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			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.

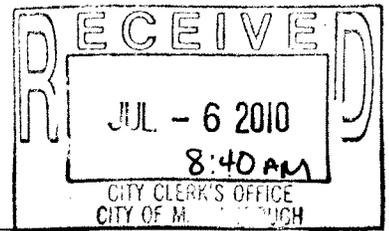
**SCHEDULE D: LIABILITIES**

*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			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	



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



File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

**Fill in dates:**  
 Reporting Period Beginning 6 Month 8 Date 2010 Year 6 Month 29 Date 2010 Year

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

Robert J. Tunnera  
 Full Name of Candidate (if applicable)  
City Councilor Ward 4  
 Office Sought and District  
23 Sumner St  
 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 Rd  
 Committee Mailing Address  
Marlboro MA 01752  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>91.76</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>540.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>631.76</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1781.90</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>453.57</u>
Line 6: Total in-kind contributions this period (page 4)	\$ _____
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>500.00</u>
Line 8: Name of bank(s) used	<u>Marlboro Savings Bank</u>

**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:  
Joseph A Tunnera Date 7/5/2010  
 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.  
 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:  
Robert J. Tunnera Date 7-5-2010  
 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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
6/11	Elizabeth Evangelous 25.00 Tony Evangelous 50.00 Cash 60.00	135	00	
6/15	William Miller Bob Kayes 100	125	00	
6/28	Steph Tunnera Bob Tunnera (Cousin NJ)	240	00	
6/28	Cash	40	00	
Line 9: Total receipts in excess of \$50 (or listed above)		500	00	
Line 10: Total receipts \$50 and under* (not listed above)		40	00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		540	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	Amount	
6/29	GotPrint.Com		post cards	88	19
6/15	Dinos Trattoria	Main St Marl	Fund raiser	90	00
Line 12: Expenditures over \$50				178	19
Line 13: Expenditures \$50 and under*					
<b>Line 14: TOTAL EXPENDITURES</b>				178	19

Enter on page 1, line 4

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

**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
<del>6/11</del>	<del>King Evangelous</del>		<del>check</del>	<del>50</del>
<del>6/15</del>	<del>Bob Kayes</del>		<del>Cash</del>	<del>100</del>
<del>6/28</del>	<del>Stephanie Turner</del>		<del>check</del>	<del>200</del>
			Line 15: In-kind over \$50	<del>350.00</del>
			Line 16: In-kind \$50 and under	
			<b>Line 17: Total In-kind</b>	

Enter on page 1, line 6

\* 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
5/14/10	Robert J. Turner	23 Sumner St Marlboro MA	Start Fund For Committee	500.00
			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	500.00

Enter on page 1, line 7



Commonwealth  
of Massachusetts

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

Office of Campaign and Political Finance

JUL - 7 2010  
4:48 PM  
CITY OF MARLBOROUGH

File with:  
City or Town Clerk or Election Commission

7/6/2010

Reporting Period - Beginning: 6/8/2010 Ending: 7/6/2010

Type of report: Pre-election

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

**SUMMARY BALANCE INFORMATION**

Ending Balance from previous report:	\$649.00
Total receipts this period:	\$600.00
Subtotal:	\$1,249.00
Total expenditures this period:	\$683.83
Ending Balance:	\$565.17
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:

Treasurer's signature (in ink)

Date

**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:

7/7/10

## 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
6/8/2010	Beecher, David 337 Robin Hill Rd Marlborough, MA 01752	\$100.00	
6/22/2010	Bergeron, Arthur 27 Prospect St Marlborough, MA 01752	\$200.00	Attorney Self Employed
6/15/2010	Pope, Patricia 114 Houde St Marlborough, MA 01752	\$100.00	
Total Itemized Receipts		\$400.00	
Total Unitemized Receipts		\$200.00	
Total Receipts		\$600.00	

## 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
7/6/2010	Kerrigan, Steven 131 Bigelow St Marlborough, MA 01752	\$100.00	Reimbursement (See R1)
7/6/2010	Kerrigan, Steven 131 Bigelow St Marlborough, MA 01752	\$58.80	Reimbursement (See R1)
6/8/2010	Marlborough Post Office 20 Florence St Marlborough, MA 01752	\$171.26	Postage
6/8/2010	Metrowest Printing 160 Main St Marlborough, MA 01752	\$353.77	Printing
Total Itemized Expenditures		\$683.83	
Total Unitemized Expenditures		\$0.00	
Total Expenditures		\$683.83	

### 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 Itemized In-kind Contributions	\$0.00	
	Total Unitemized In-kind Contributions	\$0.00	
	Total In-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	

**Schedule R: Reimbursements**

Date	Reimbursee	Amount
7/6/2010	Kerrigan, Steven	\$58.80
7/6/2010	Kerrigan, Steven	\$100.00



Commonwealth  
of Massachusetts

**Form CPF R1: Itemization of Reimbursements  
Municipal Form**

Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

7/6/2010

Kerrigan, Steven
Individual Being Reimbursed
The Friends of Steven Kerrigan
Committee Name
\$58.80
Amount of Reimbursement
7/6/2010
Date of Reimbursement

Signed under the penalties of perjury:

Candidate's/Treasurer's signature (in ink)

Date

Date	Vendor Name and Address	Amount	Purpose
6/15/2010	Hannafords Marlborough, MA 01752	\$58.80	Election Day Food



Commonwealth  
of Massachusetts

**Form CPF R1: Itemization of Reimbursements  
Municipal Form**

Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

7/6/2010

Kerrigan, Steven
<i>Individual Being Reimbursed</i>
The Friends of Steven Kerrigan
<i>Committee Name</i>
\$100.00
<i>Amount of Reimbursement</i>
7/6/2010
<i>Date of Reimbursement</i>

Signed under the penalties of perjury:

\_\_\_\_\_  
Candidate's/Treasurer's signature (in ink)

\_\_\_\_\_  
Date

Date	Vendor Name and Address	Amount	Purpose
6/14/2010	Advantage Inc 2300 Clarendon Blvd Arlington, VA 22201	\$100.00	Phone Calls