<b>Form CPF M 10</b>	2: Cam	aign Finance l	Report		
	- Iunicipal	Form	•		
of Massachusetts		Elemithe City	There Class a Election Commission		
Fill in Reporting Period dates: Beginning Date:	01/01/2017	<b></b>	or Town Clerk or Election Commission /31/2017		
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution					
TODD BEAUCHEMIN		COMMITTEE TO ELECT TODD BEAUCHEMIN			
Candidate Full Name (if applicable)		Committee Name			
	JOAN B	BEAUCHEMIN			
Office Sought and District		Name of Committ	ee Treasurer		
29 FONTAINE ST, MARLBOROUGH, MA 01752					
Residential Address		Committee Maili	ng Address		
Telephone Number (optional):	Telephone	Number (optional);			
SUMMARY BALANCE INFORMATION:					
Line 1: Ending Balance from previous report			393.08		
Line 2: Total receipts this period (page 3, line 11)			0.24		
Line 3: Subtotal (line 1 plus line 2)		393.32			
Line 4: Total expenditures this period (page 5, line		) 0			
Line 5: Ending Balance (line 3 minus line 4)		393.32			
Line 6: Total in-kind contributions this period (page 6)			0		
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: ST MARY'S CREDIT UNION, MARLBOROUGH, MA					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this commission of the penalties of perjury:	i-kind contributions ittee in accordance w	nd liabilities for this reporting peri th the requirements of M.G.L. c. 5	od and represents the campaign		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (chec					
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this rep	i, to the best of my ki ee in accordance with				
Candidate without Committee <u>OR</u> Candidate with independent activity fi I certify that I have examined this report including attached schedules and it is finance activity, including contributions, loans, receipts, expenditures, disburst campaign finance activity of all persons acting under the authority or on behal	, to the best of my ki ements, in-kind cont	owledge and belief, a true and con ibutions and liabilities for this repo	orting period and represents the		
Signed under the penalties of perjury:		(Candidate's signature)	Date: 1/14/2018		

8

## **SCHEDULE A: RECEIPTS**

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

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		[]	
]  ]			
Line 9: Total Recei	pts over \$50 (or listed above)	0	•
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0.24	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	0.24	← 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.