

## Form CPF M 102: Campaign Finance Report

**Municipal Form** Office of Campaign and Political Finance RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

City or Town Clark of Election Commission Fill in Reporting Period dates: Beginning Date: **Ending Date:** Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Michelle Bodin-Heltinger Committee to elect Michelle Bodin-Hettinger

Candidate Full Name (if applicable) Committee Name				
School Committee lisa Todoloff Boles				
Office Sought and District	Name of Committee Treasurer			
279 Robert Rd. Marlborough	G Stearns Rd Morthorough			
Residential Address	Committee Mailing Address			
E-mail: Mhodin hethraer @ MPS-edu.org	E-mail: Lisaphe all con			
Phone # (optional): Phone # (optional):				
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	\$510.28			
Line 2: Total receipts this period (page 3, line 11)				
Line 3: Subtotal (line 1 plus line 2)				
Line 4: Total expenditures this period (page 5, line	e 14) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Line 5: Ending Balance (line 3 minus line 4)	#447.78			
Line 6: Total in-kind contributions this period (page	ge 6)			
Line 7: Total (all) outstanding liabilities (page 7)	#1,000			
Line 8: Name of bank(s) used: St. Macu	I'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.  Signed under the penalties of perjury:  Date: 124 17				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)				
Candidate with Committee and no activity independent of the committee  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:  Date: 12413				

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
3/21/16	Mayor's Cherity Relief Fund		Danastion	\$50	
4/5/16	MPS Music Assoc.		Donation	#12.50	
	Line 12: Expenditures over \$50 (or listed above)				
	Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 - Line 14: TOTAL EXPENDITURES IN THE PERIOD  [62.50]  If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only these expenditures and itemized.					

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

## **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 Bodin-Hettinger	279 Robert Rd Marlborough, MA 01752	Low for compaign expenses	\$1,000
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			