



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE
CITY OF MARLBOROUGH

2018 FEB -1 P 4:27

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10-22-17 Ending Date: 12-31-17

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Maureen A Brennan
Candidate Full Name (if applicable)

Councilor at large
Office Sought and District

191 Bolton St. Marlborough MA
Residential Address

Telephone Number (optional): _____

Committee to Elect MAB
Committee Name

Dawn O'Coin
Name of Committee Treasurer

60 W. Hill Rd Marlborough MA
Committee Mailing Address

Telephone Number (optional): 508 7862926

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>44.22</u>
Line 2: Total receipts this period	<u>1720 -</u>
Line 3: Subtotal	<u>1764.22</u>
Line 4: Total expenditures this period	<u>- 0 -</u>
Line 5: Ending Balance	<u>1764.22</u>
Line 6: Total in-kind contributions this period	<u>- 0 -</u>
Line 7: Total (all) outstanding liabilities	<u>- 0 -</u>
Line 8: Name of bank(s) used:	<u>Main Street 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: [Signature] (Treasurer's signature) Date: 1-18-18

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity (filing separate report)
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, 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: [Signature] (Candidate's signature) Date: 1-18-18

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)
11-10-17	Paul Agoritsas 231 Bolton St Marlborough MA 01752	100-	
10-30-17	Dr. Ara Barsamian 164 Ball St. Northborough MA 01532	100-	
10-30-17	Robert Birel 21 Pearl St Marlborough MA 01752	200-	Retired
10-30-17	Felch Family Trust 743 Farm Rd Marlborough MA 01752	300-	Linda Gibson/Trustee
10-23-17	Marie Fernald 104 Mechanic St Marlborough MA	100-	
10-23-17	James Golden Jr. 722 Elm St Marlborough MA 01752	250-	Attorney
10-30-17	Gaye Rowe 780 Essex St Marlborough MA 01752	150-	
10-23-17	Joseph Shay 6 Wyndmere Dr Southborough MA 01772	200-	Retired
10-23-17	Juan Sittard 255 Robert Rd Marlborough MA 01752	100-	
11-1-17	Ultrashine Collision 62 Lacombe St Marlborough MA 01752	100-	
11-10-17	Robert Waldron 178 Barnard Rd Marlborough MA 01752	100-	
Line 9: Total Receipts over \$50 (or listed above)		1700-	
Line 10: Total Receipts \$50 and under* (not listed above)		20-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1720-	← 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.