Commonwealth Municip	mpaign Finance Report Cal Form and Political Finance CITY OF MARLBOROUGH	
of Massachusetts Fill in Reporting Period dates: Beginning Date: 09/17/2011	File with: City or Todal Clark of Electron Communission 3 Ending Date: 10/14/2011	
Type of Report: (Check one) 8th day preceding preliminary	day after election year-end report dissolution	
TODD BEAUCHEMIN Coll Candidate Full Name (if applicable) Coll	MMITTEE TO ELECT TODD BEAUCHEMIN Committee Name	
CITY COUNCIL WARD 7 Office Sought and District	N BEAUCHEMIN Name of Committee Treasurer	
29 FONTAINE ST, MARLBOROUGH, MA. 01752	29 FONTAINE ST, MARLBOROUGH, MA. 01752 Committee Mailing Address	
	bhone Number (optional):	
SUMMARY BALANCE INI Line 1: Ending Balance from previous report	FORMATION: 296.28	
Line 2: Total receipts this period (page 3, line 11)	75.04	
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14)	2.48	
Line 5: Ending Balance (line 3 minus line 4)	368.84	
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

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 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:

Imen (Treasurer's signature)

Date: 10-23-

12011

Date:

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:

(Candidate's signature)

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)
9/26/2011	BEAUCHEMIN, EDWARD J.	50	
9/22/2011	TREPANIER, MONA	25	
Line 9: Total Receipts over \$50 (or listed above)		75	
Line 10: Total Rece	sipts \$50 and under* (not listed above)	0.04	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	75.04	← Enter on page 1, line 2

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.

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	L]			
				[]
		[[
				[]]
<u></u> 				L
			φ ₇ ο (1' , 1 , 1 , 1 , 1	[]
		Line 12: Total Expenditures over	er \$50 (or listed above)	0
		Line 13: Total Expenditures \$50	and under* (not listed above)	2.48

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

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 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

* 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

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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
		Line 18: TOTAL OUTSTAND		
	Enter on page 1, the $7 \rightarrow$	LINC 10. TOTAL OUISTAIND	ING LIADILITIES (ALL)	

	Form CPF	M 102-0: Ca		nance Repo		RECEIVED
Canada and a second		Municip Office of Campaign a				CLERK'S OFFICE
Commonwealth of Massachusetts PAUL	BRODEUR			-		CT 24 A II: 43
City or Town of: MARL	BORO					
	Please p	print or type all info	mation, except s	ignatures.		
Fill in dates: Reporting Period Beginning	Month I	Day Year 7 2011	Ending	Month /6	Day 14	Year Zoll
Type of Report: (Check One))					
8th day preceding preliminary/primary	8th day preces	ding election	30th day follow (Town or Specia			20th day of January Year-End Report)
Pursuant to M.G.L., Chapter 5	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.

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DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
10-24-11	Paul E. Brodens	41 HAYDEN ST, MARLBORG	COUNCILOR AT LARGE
•			·
		· .	

Fill in Reporting Period dates: Beginning Date: Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance Report RECEIVED Campaign Finance Report RECEIVED CITY OF MARLBOROUGH 2511 Print City of Toyn Pierk of Flection Commission 2511 Finance Report CITY OF MARLBOROUGH Ending Date: 10/14/2011
The introporting reflection Degrinning basic Type of Report: (Check one) Image: Sth day preceding preliminary Image: Sth day preceding election 30 day after election Image: Sth day preceding election
Edward J. Clancy Candidate Full Name (ij/applicable) Candidate Full Name (ij/applicable) Committee to Elect Edward Clancy Cify Council Ward6 Thomas Clancy Office Sought and District Thomas Clancy 106 Old Charter Reli 106 Old Charter Reli Residential Address Committee Mailing Address
Telephone Number (optional): (508) 451-0411 Telephone Number (optional): SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
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: I home in the committee in accordance with the requirements of M.G.L. c. 55. FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee in accordance with the requirements of M.G.L. c. 55. 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 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. Candidate without Committee OB 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, incl

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.

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(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 Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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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.

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
[]	[]		· · · · · · · · · · · · · · · · · · ·	
[
		[]		
				L
				<u></u>
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50) and under* (not listed above)	

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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 4



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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	[]			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

* 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.

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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 those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/01/2001 10/14/2001	Edward J. Clancy	106 OB Charter RD Marlboro, MA ONSZ	Campaign Expense	\$ 2/462 3
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	\$4462 43

Form CPF M 102: Campaign Finance Report				
Municipal Form RECEIVED Office of Campaign and Political Finance CITY CLERK'S OFFICE CITY OF MARLBOROUGH				
Commonwealth of Massachusetts File with: City or Town Glerk or Election Comm				
Fill in Reporting Period dates: Beginning Date: 9/17 2011 Ending Date: 10/19/11				
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution				
Joseph Paul Richard Collins I Candidate Full Name (if applicable) Committee Lo elect Joseph Colling Committee Name				
Cosne for At-large Carla A Loredo Name of Committee Treasurer				
120 Balton St. Office Sought and District 15 Republic Way #21 Marlboro 29h MH 01752 Residential Address Committee Mailing Address				
Telephone Number (optional): 508-808-5347 Telephone Number (optional): 508-808-5347				
SUMMARY BALANCE INFORMATION:				
Line 1: Ending Balance from previous report 5, \$\$				
Line 2: Total receipts this period (page 3, line 11) $/ \frac{1}{\sqrt{2}}$				
Line 3: Subtotal (line 1 plus line 2) 105.09				
Line 4: Total expenditures this period (page 5, line 14)				
Line 5: Ending Balance (line 3 minus line 4) 105.00				
Line 6: Total in-kind contributions this period (page 6) N/A				
Line 7: Total (all) outstanding liabilities (page 7) $1029,59$				
Line 8: Name of bank(s) used: Digital Federal Credit Union				
Affidavit of Committee Treasurer: I certify that I have examined this report inolucing 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, leceips, expenditured, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the autority or on schalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: 10 0 4 11				
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: (Candidate's signature) Date: Date: Date:				
V				

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.

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(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)
9/17/11	Don Landers 34 Crosby Rd Mariborough MA 01752	100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	100.00	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	Ø.09	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	100.00	Enter on page 1, line 2

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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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: Total Expenditures ov	er \$50 (or listed above)	0.00
		Line 13: Total Expenditures \$50	and under* (not listed above)	Ø.99

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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 4

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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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	[]			
•		Line 15: In-Kind Contributions	over \$50 (or listed above)	0.00
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	O.OP

* 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

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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 \$9	Collins, Joseph P.R.		Parade Banner	611,04
10 7 09	Collins, Joseph P.R.	120 Bolton St. Marlborough, MA Ø1752	Yard Signs	418.55
Enter on page 1, line 7 \rightarrow Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 1029.59				

Mu	nicipal Form
Office of Can	npaign and Political Finance CITY CLERK'S OF CITY OF MARLBOF
ommonwealth Massochusetts	CITY OF MARLBOR
de restaur en seu de la companya de La companya de la comp La companya de la comp	File with: City or Town Clerk or Election Commission
ill in Reporting Period dates: Beginning Date: 9/17	7/2011 Ending Date: 10/14/2011/UT UC 25 F
ype of Report: (Check one)	
3 8th day preceding preliminary X 8th day preceding election	30 day after election year-end report dissolution
loseph F. Delano, Jr	Committee To Elect Joe Delano
Merlborough City Council Office Sought and District	Robert Katz Name of Committee Treasurer
10 Harper Circle	10 Harper Circle, Mariborough MA 01752
Residential Address	Committee Mailing Address
elephone Number (optianal): (508) 229-0124	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	799.51
Line 2: Total receipts this period (page 3, line 11))
Line 3: Subtotal (line 1 plus line 2)	799.51
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	799.51
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: St Mary's Credit U	Jnion
Midavit of Committee Treasurer:	
centify that I have examined this report including attached schedules and it is, to the bes tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind	contributions and liabilities for this reporting period and represents the campaign
nance activity of all persons acting under the authority or on behalf of this committee in $1 \leq 4 \leq 1 \leq 4 \leq 4$	nul in hull
gned under the penalties of perjury:	
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I be	ax only)
Candidate with Committee and no activity independent of the committee T certify that I have examined this report including attacked schedules and it is, to the activity of all persons action under the authority or on helpel of this committee in as	e best of my knowledge and belief, a true and complete statement of all comparign finance
activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ccordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.
Candidate without Committee OR Candidate with independent activity filing s	
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disburgement	is, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on ochall of the	
igned under the penalties of perjury:	(Candidate's signature) Date: 0/04/1/

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)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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: Total Expenditures over \$50 (or listed above)				
	Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	[]			
	Line 15: In-Kind Contributions over \$50 (or listed above)			
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
Enter on page 1, line $6 \rightarrow$ Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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

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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 $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

Commonwealt	Form CPF M 102: Cam Municipa Office of Campaign an	I Form
of Massachuset		File with: City or Town Clerk or Election Commission
Fill in Rep	borting Period dates: Beginning Date: Sept22,	HI Ending Date: 10/24/11 (MM)
Type of R	eport: (Check one)	
🔲 8th day	preceding preliminary 🛛 8th day preceding election 🗌 30 da	y after election vear-end report dissolution
	Arhard M Duyen Jundidate Full Name (if applicable) School COMMITEE Office Sought and District 3 Spont-V Aul, Warlbottoyth Residential Address	Committee Name Committee Name BIRDA CALLA Name of Committee Treasurer 33 Spombell Are Malborogy Committee Mailing Address
Telephone Nu	mber (optional):	ne Number (optional):
	SUMMARY BALANCE INFO	
	Line 1: Ending Balance from previous report	70937
	Line 2: Total receipts this period (page 3, line 11)	-0-
	Line 3: Subtotal (line 1 plus line 2)	20937
	Line 4: Total expenditures this period (page 5, line 14)	-0-
	Line 5: Ending Balance (line 3 minus line 4)	209.32
	Line 6: Total in-kind contributions this period (page 6)	-0-
	Line 7: Total (all) outstanding liabilities (page 7)	<u>33</u> 00°'
	Line 8: Name of bank(s) used: Mather	VINSBANK
I certify that I activity, incluc finance activity Signed under	bommittee Treasurer: have examined this report including attached schedules and it is, to the best of my know ding all contributions, loans, receiping expenditures, dispursements, in-kind contribution y of all persons acting under the authority or on behalf of this committee in accordance the penalties of perjury:	s and liabilities for this reporting period and represents the campaign
Candida	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) te with Committee and no activity independent of the committee	
A activity, c	hat I have examined this report including attached schedules and it is, to the best of my of all persons acting under the authority or on behalf of this committee in accordance wi any liabilities nor made any expenditures on my behalf during this reporting period.	
I certify the finance as	te without Committee OR Candidate with independent activity filing separate report hat I have examined this report including attached schedules and it is, to the best of my ctivity, including contributions, loans receipts, expenditures, disbursements, in-kind con i finance activity of all persons againg under the authority on on tenal f of this committee	knowledge and belief, a true and complete statement of all campaign ntributions and liabilities for this reporting period and represents the
Signed under	the penalties of perjury:	(Candidate's signature) Date: 10/25/2011
	\bigcirc	

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.

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(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 Rece	ipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	-0-	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rec	Line 9: Total Receipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD -0 -		← Enter on page 1, line 2	

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.

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

	To Whom Paid		<u></u>	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		[
		·		[]
Г				
				[]
L		Line 12: Total Expenditures over	er \$50 (or listed shows)	
		Enter 12. Total Experiences ove	er \$50 (of fisted above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	

Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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 4

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
	Line 13: Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 \rightarrow Line 14: TOTAL EXPENDITURES IN THE PERIOD $-\delta$				

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 on page 1.

. . . * .

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	<u> </u>			
		Line 15: In-Kind Contributions		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	-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

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• M.G.E. 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/2007	Manaredouper	33 SpoonhillAve	Personal War	3300°
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	33000

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance Commonwealth of Massachusetts Fill in Reporting Period dates: Beginning Date: Image: Sth day preceding preliminary
Mathew Elder Candidate Full Name (if applicable) Candidate Full Name (if applicable) Maild S City Lanci Office Sought and District It jock or Ave Marilsonaux Residential Address Telephone Number (optional):
SUMMARY BALANCE INFORMATION:Line 1: Ending Balance from previous report $5/33$ Line 2: Total receipts this period (page 3, line 11) $3/40$ Line 3: Subtotal (line 1 plus line 2) $5/173$ Line 4: Total expenditures this period (page 5, line 14) $4/70$ Line 5: Ending Balance (line 3 minus line 4) 5003 Line 6: Total in-kind contributions this period (page 6) $5/32$ Line 7: Total (all) outstanding liabilities (page 7) $7/32$ Line 8: Name of bank(s) used: 5000
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:

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.

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(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)
.9/277	Holland, bretta + hickasd 666 Brishan St Madboraul	100	
Line 9: Total Receipts over \$50 (or listed above)		100	
Line 10: Total Receipts \$50 and under* (not listed above)		140	
Line 11: TOTAL RECEIPTS IN THE PERIOD		348	← Enter on page 1, line 2

*

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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
10/17	Cot Set hasketing		high lasts	345
10/1	Kirkkind, Ioene	5-Lanes End Sutten, MA	Lighic Desish	75-
		Line 12: Total Expenditures ov	er \$50 (or listed above)	478
		Line 13: Total Expenditures \$50) and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	475

* 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 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	[]	[]		
	[]			L
			[L]	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

* 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

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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
9/26/11	Natt Elder	12 Tucker A.R. Mailburgh	Loch Garyaer	7732
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	7787

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance
of Massachusetts City of Mariborough, MA File with: 2011 OF 24th of Election Commission
Fill in Reporting Period dates: Beginning Date: 09-27-11 Ending Date: 10-14-11
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Mark E. Evangelous Candidate Full Name (if applicable)Committee To Elect MarkEvangelous Committee NameCity Councilor at LargeMatthew Evangelous
Office Sought and District Name of Committee Treasurer
108 Kelber Drive Marlborough MA Residential Address 01752 [108 Kelber Drive Marlboraugh MA 01752 Committee Mailing Address
Telephone Number (optional): 774-249-1863 Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11) み、500、のひ
Line 3: Subtotal (line 1 plus line 2) 2 5 2 0 . の
Line 4: Total expenditures this period (page 5, line 14) 2244.87
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: DIGITAL Federal Credit linen
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 penalties of perjury:
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
Lertify 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: Mark Chargelong (Candidate's signature) Date: 10-21-11

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.

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(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)	
9/28/11	MARK EVANOELOUS 108 KELBER DRIVE MARLBOROUGH, MADITSZ	\$ 2500	President. Gemini Sign Corporation	
Line 9: Total Recei	~			
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	← Enter on page 1, line 2		

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.

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

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		
Date Falu	(alphabetical listing)			Amount		
10/-1	MARLBOROUGH	20 Florence St				
10/5/11	POSTMASTER		52 Postage	500-		
	700110100	Mariborough, MA of	22			
	martborough	to Florence St				
10/6/11		00 1 coleraces	Pastage	500-		
	Postmaster	Marlborn, MA 01752				
	Multond	To Plorence St.				
10/6/11	marinounge		Postage	2.1.11		
10/11	Martborongh Postmaster	Marlbow, MA 01752	1 vorage	306.14		
				[
10/5/11	Marthorough	20 Florence St.	Pastage	151-		
10/11	Pastmaster	Marlboro MA 01752	Pastage	151		
L]				[]		
10/11	Martborough	20 Florence St. Markbourgh, MA 0.752	p_{i}			
10/6/11	Pastmaster	Martborough MA	Postaje	10.		
	7	0:132				
101-1	Marlborough	20 Morence St				
10/7/11			Postage	277.73		
	Pastmaster	Marthone MA 01752		01/10/0		
	mareborough	20 Aosence St				
10/1/11		Marcha Marcha	Posta	500.00		
	Postmaster	Marchoro, MA 0.752	Postage			
				[
				[[
	<u></u>	<u></u>		••••••••••••••••••••••••••••••••••••••		
				L]		
		L		L]		
Line 12: Total Expenditures over \$50 (or listed above)			2244.8			
		Line 13: Total Expenditures \$50	and under* (not listed above)	G		

Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD

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* 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 4

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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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/28/11	MATThew Evangelous	58 Greenwood St Marlboro Ma 0752	Political signs & Mailing labels	# 500-
9/28/11	MARIL EVANGELOUS	108 Kelber Dr. Marlbor Ma 0152	Postcards	500
9/28/11	Vicki Evangelous	108 Kelber Dr. Mariboro, MA 01752	Postcards	427.14
		Line 15: In-Kind Contributions	over \$50 (or listed above)	1,427.14
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	1427.14

* 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

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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
9/28/11	Evangelous, MARK	108 Kelber Drive Marlboro, MA 01752	Loan from Candidate	2500,-
				<u></u>
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	2,500

	Municipal	Form	RECEIVED	ICE
Commonwealth of Massachusetts	of Campaign and	5 com	Y OF MARLBORG	
Fill in Reporting Period dates: Beginning Date:	412+111 17	Ending Date:		
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding elect	tion 🗌 30 day	after election yea	ar-end report	lissolution
<u>Aaron Ferrecchia</u> Candidate Full Name (if applicable) (1111 (anci) at Large		nes Knisto	<u>Aaron Ferra</u> Itee Name	cchie
Office Sought and District 172 Sha wmu F Avonue Mair 100 rough M Residential Address	nA 32	Hosmer St. 1	mittee Treasurer	IA
Telephone Number (optional):		Number (optional):	1	
SUMMARY BAL Line 1: Ending Balance from previous repo		RMATION:		
Line 2: Total receipts this period (page 3, line 2)		\$ 1275	10.225	
Line 3: Subtotal (line 1 plus line 2)		Palenter -	10,225	
Line 4: Total expenditures this period (page	e 5, line 14)	\$ 51264.	69	
Line 5: Ending Balance (line 3 minus line 4	•)	* 4	4960.31	
Line 6: Total in-kind contributions this peri	iod (page 6)			
Line 7: Total (all) outstanding liabilities (pa		\$ 5264.6		
Line 8: Name of bank(s) used: VI Q V LE	brough, S	anings Bank	<u> </u>	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to activity, including all contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this comm Signed under the penalties of perjury:	in-kind contributions a mittee in accordance w	and liabilities for this reporting	period and represents the c. 55.	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 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 I certify that I have examined this report including attached schedules and it finance activity, including contributions, loans, receipts, expenditures, disbur campaign finance activity of all persons acting under the authority or on behavior Signed under the penalties of perjury:	is, to the best of my kr rsements, in-kind contr	nowledge and belief, a true and or ributions and liabilities for this r	reporting period and repre- ents of M.G.L. c. 55.	campaign esents the
		(Canalance 5 Signature)	Le fe	<u> </u>

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.

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(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)
	See attached List		
Line 9: Total Rece	ipts over \$50 (or listed above)	s 98592	9790.00
Line 10: Total Rec	eipts \$50 and under* (not listed above)	\$435	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	Stereo	10, 2257, 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.

Date Receiv	Name & Residential Address
	Roger Barnum, 172 Stevens St
	Mark Bonin, 84 Berlin Rd
	David and Ann Bouvier, 10 Ellis Ave
	Craig Brodeur, 26 Dalton Rd
	John Castor, 760 Fasrm Rd #102
10/19/2011	Scott and Laura Duplisea, 15 Alan Rd. Hudson 01749
	Aaron Ferrecchia (LOAN) 172 Shawmut Ave
	James and Clarice Ferrecchia, 29 Gleason St Ext
10/19/2011	Michael Ferrecchia, 36 Sidney Street
10/19/2011	Peter Ferrecchia 213 Esset St, Marlborough M14
10/19/2011	Joanne D. Frawley, 211 Broad St
10/19/2011	Stephen Garafalo Jr, 32 Bigelow Rd, Southborough 01772
10/19/2011	James Golden Jr, 722 Elm St
10/19/2011	Unmesh Gundewar, 8 Flint Dr
10/19/2011	Bardhyl and Margarita Jashari, 32 Pioneer Trail
10/19/2011	Richard Jenkins, 19 Indian Ln
10/19/2011	Ardi and Anila Kristo, 35 Berkley St
10/19/2011	Charlie V. Lam, 115 Clifton St #5, Cambridge 02140
10/19/2011	Chieu V. Lam, 10 Locke Dr
10/19/2011	Donald and Elizabeth Landers, 84 Crosby Rd
10/19/2011	Jeff and Donna Long, 265 Stevens St.
	Marisa Mahon, 21 O'Malley Rd
10/19/2011	Michael and Carol McCombs, 26 Flint Dr
	Greg Mitrakas, 39 Varley Rd
	Katherine Mitrakas, 39 Varley Rd
	Ralph Navarro Jr., 23 Pearl St
	Joe and Maria Navin, 154 Woodridge Rd
	Sean A. Navin, 236 Bolton St, No. A
	Melissa Oberg, 56 Chestnut St
	Jean Peters, 56 Kings Grant Rd
	Joe and Cheryl Santos, 8 Santos Dr, Hudson
	Gerald Seymour, 5 Wayside Inn Rd, Framingham MA 01701
	Al and Irene Stokes, 18 Paguin Dr
	Richard Tomanek, 224 Phelps St
	Nancy Valchuis, 71 Sears Rd
	Claudia Voutas, 29 Norwood St
	David and Gail Walton, 178 Prarie St, Concord 01742
10/19/2011	Maura Webster, 154 Woodridge Rd

XICIN	and 11 proceeding
Amount	Occupation/Employer
\$50	
\$50	
\$100	
\$100	
\$100	
\$50	
\$5,265	Attorney, Self employed
\$100	
\$50	
\$500	Owner, Maple Street Gulf
\$50	
\$50	
\$200	Attorney, Self employed
\$100	
\$50	
\$50	
\$100	
\$500	Engineer, Boston MicroMachines Inc
\$100	
\$100	
\$50	
\$100	
\$50	
\$50	
\$50	
\$200	Software consultant, self employed
\$250	Retired
\$50	
\$75	
\$50	
\$500	Owner, L&S Boule Insurance
\$100	
\$100	
\$100	
\$100	
\$50	
	Owner, Patriot Ambulance
\$50	
\$9,790	
	•

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.

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

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
Date Faiu		Autress		Amount	
/	Marlboroush	72 Hosmer St	portraits	RUAL	
9/27	Photo + Portrait	Marlborough MACI 75		84.94	
		Plar horong Print G 13			
. 1.1		160 Main St	100 0		
10/14/11	Metrowert Printing	4	100 Door Cards	96.32	
		Marlborough MA Diss			
	11 11				
(111		11 17	50 Lawn signs	638.04	
			40°		
				[
NI W		11 1/	Fundraler Tickets	87.84	
				61.01	
10/21/2011		ta in	Remittance Envelopes	222.04	
10/01/2001/				020.07	
			[] 		
11 . 11	(× 1)	N 61	100 Lawn signs	1202,22	
				1202,22	
		L	[] []		
Y 1, 1,	11 I. /	(* 1)	300 Door Cards	11-1-34	
			300 1001 04100	277.84	
N 14	N 11	cc 11	Post cents, mailed	alsh all	
. <u>\\</u>			1-51 CErds premier	2142,24	
	N (C	(11	S Paria	Bilast	
		№	Dear Friend Cards	84.94	
M/1/19	POT DEFICE		Postage	27.00	
Γ''	TOULDITIC	20 Florence St Martborauch ung		0	
		MAR Borough 09104			
	L				
]	<u>[]</u>	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	5.249.6	
		·			
		Line 13: Total Expenditures \$50	and under* (not listed above)	15.00	
Enter on page 1, line 4 \rightarrow Line 14: TOTAL EXPENDITURES IN THE PERIOD 5					

Enter on page 1, line $4 \rightarrow |$ Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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 4



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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				[]
				[
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

* 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.

9 19 15 16 8 17

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
13/14/11	Aaron J. Farreachis	172 Straumut Avenue WAR Howaugh MAGORA	loan for signs port cards, mailing	09.55 B
10/21/11	11 /1		loan for sising post cavids mailing.	4254,55
10/,/11	11 ()		10am for DVD of 2049 Debate	# 15
9/27/4	te le		loan for campaigh portraits	84 94
9/21/11	le (e		loga for poirage	1 38
	Enter on page I, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	5264.69

	Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance CITY CLERK'S OFFICE CITY OF MARLBOROUGH
an channelles	CITY OF MARLBORDUGH
rith: r Town C	Clerk or Election Commission 2011 OCT 25 A 10: 21 Please print or type all information, except signatures.
ill in da cportin	ates: Month Dute Your Month Dute Your ag Period Beginning 9 - 10 - 11 Ending 10 - 14 - 11
	report: (Check one) by preceding preliminary 28th day preceding election 30 day after election year-end report dissolution
	Paul A. Ferro Full Name of Candidate (if applicable) Full Name of Candidate (if applicable) Full Name of Committee Name Christing Committee Name Christing Committee Treasurer Paul A. Ferro Committee Name Christing Committee Treasurer Paul A. Address Committee Mailing Address Committee Mailing Address Committee Mailing Address Contended of the formation of the form
	SUMMARY BALANCE INFORMATION:Line 1: Ending balance from previous report $$ 131.66$ Line 2: Total receipts this period (page 2, line 11) $$ 137.00$ Line 3: Subtotal (line 1 plus line 2) $$ 1506.86$ Line 4: Total expenditures this period (page 3, line 14) $$ 1324.64$ Line 5: Ending balance (line 3 minus line 4) $$ 1324.64$ Line 6: Total in-kind contributions this period (page 4) $$ 267.00$ Line 7: Total (all) outstanding liabilities (page 4) $$ 2750.00$ Line 8: Name of bank(s) used $Digital Gredit Gredit Unction$
i certify th finance ac campaign	of Committee Treasurer: hat 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 camp tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represent 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: 10-01-11
Treasure	EOD CANDIDATE ETI INCS ONI V: (CANDIDATE MUST SICH BELOW)
S.C.adi	FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) t of Candidate: (check 1 box only) idete with Committee and no activity independent of the committee 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 camp

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finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represent 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.

Slowed	under the	penalties	of	seriury:

-PA I	R Fen	Signes unser use pensions of perjury:	10/241	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)		
	Jee Altoched					
•						
		•				
Line 9:	Total receipts in excess of \$50 (or listed above)					
Line 10:	Total receipts \$50 and under* (not listed above)					
Line 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

Date	First	Last	Address	City	State	Zip	Amount Employer
10/2/11	Linda	Benway	39 Darthmouth St.	Marlborough	MA	01752	\$200.00 Retired

Total	Itemized	\$200.00
Toal	un-itemized	\$75.00
		• • • • • •
Tatal		¢275.00
Total		\$275.00

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 \$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
	Jee Alterted				
•					
					-
		an da an	•		
		999			
		u ee,			
		Line 12	Expenditures over \$50		ļ
		······	Expenditures \$50 and under*		
F	Enter 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

Date Paid	To Whom Paid	Address	City	State	Zip	Purpose	Amount
9/26/11 9/26/11 9/29/11 10/11/11	Post Office Post Office	 771 Boston Post Rd. 771 Boston Post Rd. 605 Boston Post Rd East 20Florence St. 20Florence St. 3900 A Carolina Ave. 	Marlborough Marlborough Marlborough Marlborough Marlborough Richmond	MA MA MA	01752 01752 01752 01752	Mailing supplies Mailing supplies Mailing supplies Postage Postage Literature	\$150.66 \$122.77 \$52.80 \$107.64 \$70.40 \$453.33
10/14/11	Conquest Orapines	Total Itemized	Expenditures	V2 X		Enclude	\$957.60
		Total Un-Itemized	Expenditures				\$267.04
		Total	Expenditures				\$1,224.64

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
	See	Phrouhed		
	L	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	I

* 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
18/03	Pul fern	S3 Edinbord St. Mortburg, MA	Codidate Loor	2,000
10/07	paul Ferru	53 Elimboru sh Monthun, MN	Carlidate FOCN	750
			-	
L	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	020,0

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.

Date	First	Last	Address	City	State	Zip	Amount Use
	U	Republican City Committee Republican City Committee		•			*



	Form CPF M 102-0: Campaign Finance Repo Municipal Form Office of Campaign and Political Finance					p ort F CITY C CITY OF	OFT RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH		
Commonwealth of Massachusetts		a.		KATI	HOUNS		12419-2:	38	
City or Town of:	<u>KLBONOU</u> Ple	ase print or typ	oe all informa	tion, except	signatures.	l			
Fill in dates: Reporting Period Beginning	Month	Day	Year I	_ Ending_	Month	Day +	Year 		

Type of Report: (Check Or	18 hu	· · · · · · · · · · · · · · · · · · ·		· · ·
8th day preceding preliminary/primary	8th day preceding election	30th day following election (Town or Special)		20th day of January (Year-End Report)
preminary/primary		 (Town or Special)	2	(1041-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
1/24	Ducke	199 STEARNSROOM	SCORE CUMMITTEE
	Γ		
D			· · ·
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2	Form CPF M 102: C	amnaign Finance R	Penart
NE N		cipal Form	Ceport
manachureakla Maasachureetta		gn and Political Finance	RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH
le with: ity or Town Clerk or Election	on Commission Please print or type all i	nformation, except signature	s. 2012 JAN 27 P 2: 19
Fill in dates: Reporting Period Be	eginning September 17	Year Mon 2.0 ;/ Ending ()c.	tober 14 2011
Type of report: (C 8th day preceding	heck one) preliminary IS8th day preceding elect	ion 30 day after election	n 🗆 year-end report 🗆 dissolution
Richard -	Jen Kins e of Candidate (if applicable)		Flect Richard Jenkins mittee Name
	cil Ward 2		Scorse
	fice Sought and District		ommittee Treasurer
19 Indian	kane Marlboough, Ma Residential Address 1 - 641 - 9855	19 Indian Lan	
	Tel. No. (optional)		Tel. No. (optional)
Line Line Line Line Line	 e 1: Ending balance from provide 1: Ending balance from provide 2: Total receipts this periods e 3: Subtotal (line 1 plus line 2) e 4: Total expenditures this e 5: Ending balance (line 3 minute) 6: Total in-kind contribution 7: Total (all) outstanding lia 8: Name of bank(s) used	d (page 2, line 11) period (page 3, line 14) as line 4) as this period (page 4) bilities (page 4)	\$ 1189.91 \$ 1189.91 \$ 1064.91 \$ 125.00 \$ 0 \$ 1347.14
campaign finance activit	nined this report including attached schedules any, including all contributions, loans, receipts, expension are activity of all persons acting under the signed under the penaltic function of the sense	nditures, disbursements, in-kind co he authority or on behalf of this c	the and belief, a true and complete statement of all contributions and liabilities for this reporting period committee in accordance with the requirements of $\frac{1}{2} \frac{2}{2} \frac{1}{2}$
	FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SI	GN BELOW)
I certify that I have example campaign finance activi have not received any co Candidate without (I certify that / have example campaign finance active	nmittee and no activity independent of the comm mined this report including attached schedules and ty, of all persons acting under the authority or or nutributions, incurred any liabilities nor made any or permittee OR Candidate with independent activity and this report including attached schedules and ty, including contributions, loans, receipts, expense and finance activity of all persons acting under the Signed under the pena	I it is, to the best of my knowledge behalf of this committee in accorporation expenditures on my behalf during the vity filing separate report I it is, to the best of my knowledge litures, disbursements, in-kind com- be authority or on behalf of this co	rdance with the requirements of M.G.L. c. 55. I is reporting period. c and belief, a true and complete statement of all tributions and liabilities for this reporting period

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	ved (alphabetical listing required) (for cont		Occupation & Employer (for contributions of \$200 or more)	
9/30/11	Ann Harie George 155 Prospect St Harlboough	100	00	
2/24/4	155 Prospect St Harlbrough Richard Jenkins Loan 19 Indian Lane MARlbrough	1064	91	TIX
	Total receipts in excess of \$50 (or listed above)	1164	91	
	Fotal receipts \$50 and under* (not listed above) FOTAL DECENTS IN THE DEDIOD		00	
Line II:	FOTAL RECEIPTS IN THE PERIOD	1189	91	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	ount
10/9/11	Main Street Journal	186 Main St MARIborough, Ma	Newspaper Ad	399	00
10/8/11	Main Street Journal MARIborn Post Office May Post Card Printig	Florence St MARIbocush MA	Postage	493	00
10/1/11	Ky Post Card Printing		Posteards	114	95
				-	
			<i>.</i> .		
		Line 12: I	Expenditures over \$50	1006	95
		Line 13: I	Expenditures \$50 and under*	57	96
E	Enter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	1064	91

*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
Accented				
L		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				
			· · ·	
9/10/11	Richard Jenkins	19 Indian In MARI	Loan to Camp	28223
	Richard	19 Indian have		
9/24/11	Richard Tenking	19 Indian have Harlborough	Loan to Campaign	1064.91
			/ / /	
	·			
<u> </u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1347,14

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

Commonwe	
of Massachus Fill in Ro	eporting Period dates: Beginning Date: 9/17/11 Ending Date: 10/14/11
• •	Report: (Check one)
	y preceding preliminary 🕅 8th day preceding election 🔤 30 day after election 📄 year-end report 📄 dissolution UHNEW E. TONES Candidate Full Name (if applicable)
	Office Sought and District Diannal Tones Name of Committee Treasurer
152	- Clinton Street Residential Address LI52 Clinton Street Committee Mailing Address
Telephone N	Number (optional): Telephone Number (optional): 5084813121
	SUMMARY BALANCE INFORMATION:
	Line 1: Ending Balance from previous report 2,722.23
	Line 2: Total receipts this period (page 3, line 11) $1, 480, 00$
	Line 3: Subtotal (line 1 plus line 2) $4, 202, 23$
	Line 4: Total expenditures this period (page 5, line 14) $2, 270, 38$
	Line 5: Ending Balance (line 3 minus line 4) 1,931.85
	Line 6: Total in-kind contributions this period (page 6)
	Line 7: Total (all) outstanding liabilities (page 7)
	Line 8: Name of bank(s) used: Marborogh Savings Bank
I certify that activity, incl finance activ Signed unde	Committee Treasurer: 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 uding all contributions, loans, receipts, exceptitures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign vity of all persons acting under the authority or in behalf of this committee in accordance with the requirements of M.G.L. c. 55. er the penalties of perjury: Date: Da
Candid I certify activity	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) late with Committee and no activity independent of the committee / 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 fina , 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 contribution d any liabilities nor made any expenditures on my behalf during this reporting period.
I certify	late without Committee OR Candidate with independent activity filing separate report / 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 activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

See Attached

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	ipts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL I	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 A: RECEIPTS (continued) _ Sel Atache

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	rent and the second		
	[
Line 9: Total Rece	ipts over \$50 (or listed above)	1,350.00	
Line 10: Total Rece	ripts \$50 and under* (not listed above)	130,00	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	1,480.00	← 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 - See A

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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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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: Total Expenditures over	er \$50 (or listed above)	

Line 13: Total Expenditures \$50 and under* (not listed above)

Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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 4

SCHEDULE B: EXPENDITURES (continued) Sel Attache of

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	To Whom Paid	A	Denne of Free of 14 and	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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[]				
[]]				[
		Magning growth of a low of a start of a star		
		· · · · · · · · · · · · · · · · · · ·		
		Line 12: Expenditures over \$50	(or listed above)	1,536.29
		Line 13: Expenditures \$50 and u	under* (not listed above)	734.09
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2270,38

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

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	8

* 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

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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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	\square

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Schedule A - Receipts

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					1 -	
		222 Hudson Street,				
Albertine	Gail and Robert	Marlborough, MA 01752 4 Roosevelt	\$100.00	10/5/2011	5392	
Boggs	Susan	Street, Marlborough, MA 01752	\$100.00	10/5/2011	4398	
	Brian and	34 Turmaine Street, Marlborough,				
Carey	Darcey	MA 01752	\$ 100.00	9/26/2011	753	
Connor	lunn	29 Camp Street, Paxton, MA	¢100.00	0/20/2011	250	
Conner	Lynn	01612 8 Barnard Road,	\$100.00	9/20/2011	259	Retired High
Hall	Thomas and Marcia	-	\$ 100.00	9/17/2011	2201	School Principal
Jones	John	Marlborough, MA 01752	\$ 100.00	10/10/2011	3317	
	Kara and Chris	11 Walkup Court, Natick,				
Kolomitz	Condlin	MA 01760	\$100.00	9/20/2011	1676	
		346 Brigham St.,				President of Trinity Consulting,
Laventure	George	Marlborough, MA 01752 221 Bolton Street,	\$ 250.00	9/17/2011	9XA98119YM 947193S	Inc. at same address
McCarthy	Judith	Marlborough, MA 01752	\$ 100.00	10/5/2011	2043	
		30 Westminster Drive, Macharough				Financial Manager, Marie Esther
Sutton	Rivelle	Marlborough, MA 01752	\$ 100.00	10/4/2011	1752	Health Center

		30 Westminster					Financial Manager,
		Drive, Marlborough,					Marie Esther Health
Sutton	Rivelle E.	MA 01752 Lee Woodworth	\$	100.00	10/11/2011	1752	Center Retired
		475 Brigham					engineering
		Street					manager at
*		Marlborough, MA				5371-0859-	Raytheon
Woodworth	Lee	01752	\$ \$1	100.00 , 350.00	10/5/2011	2347-0117	Corp.

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Schedule B - Expenditures

Name	Address Maple Street,	Amount	Date	Occasion Balloons for
Countryside Florist	Marlborough, MA Brigham Street,	\$70.75	9/28/2011	fundraiser
Employment Options	Marlborough, MA 474 Boston Post Rd,	\$140.11	10/12/2011	Mayoral debate Beverages for Meet
Kappy's Liquors	Marlborough, MA	\$68.93	9/30/2011	and Greet Beverages for Meet
Kappy's Liquors	Rt 20, Marlborough, MA	\$57.62	10/14/2011	and Greet
Law offices of	225 Cedar Hill St., Suite			Web Hosting
Matthew E Jones, LLC	200 Marlborough, MA Main Street,	\$90.00	10/3/2011	Services
Main Street Journal	Marlborough, MA Main Street,	\$199.00	9/21/2011	Advertising
Main Street Journal	Marlborough, MA	\$649.00	10/5/2011	Advertising Food for Meet and
Stop & Shop	Rt. 85, Hudson, MA	\$91.77	9/24/2011	Greet
Vistaprint	www.vistaprint.com Total	\$169.11 \$1,536.29	10/14/2011	Brochures

Munic	ampaign Finance Report ipal Form gn and Political Finance File with: City or Town Clerk or Election Commission				
	33/11 Ending Date: 10/14/11				
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election 🗌 year-end report 🗌 dissolution				
Donald R. Landeirs Candidate Full Name (if applicable),	Committee to elect Dow Landers Committee Name				
City Counsilor - Ward 7 Office Sought and District	Janet Landers Name of Committee Treasurer				
	SHCrosby Rd, Marlborough MA 01752.				
Telephone Number (optional): 508-485-9141	elephone Number (optional): 508 - 485 - 9141				
SUMMARY BALANCE	INFORMATION:				
Line 1: Ending Balance from previous report	-0-				
Line 2: Total receipts this period (page 3, line 11)	481.25				
Line 3: Subtotal (line 1 plus line 2)	456.25				
Line 4: Total expenditures this period (page 5, line 14	4) 486.25				
Line 5: Ending Balance (line 3 minus line 4)	-0-				
Line 6: Total in-kind contributions this period (page of	6) -0-				
Line 7: Total (all) outstanding liabilities (page 7)	-0-				
Line 8: Name of bank(s) used: <u>St. Mary's Cr</u>	ed: F Varion				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of m activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contr finance activity of all persons acting under the authority or on behalf of this committee in acco Signed under the penalties of perjury:	ibutions and liabilities for this reporting period and represents the campaign				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on					
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 activity, of all persons acting under the authority or on behalf of this committee in accorda incurred any liabilities nor made any expenditures on my behalf during this reporting period	ance 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 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:	And (Candidate's signature) 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.

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(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)
10/1/11	Danald R. Landers Byccrosou RE. Baonshile Matthoro	486.25	Retired School Administrator Self Employed
			
<u> </u>			
Line 9: Total Receipts over \$50 (or listed above)		486.25	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	~0-	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	486.25	← 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 A: RECEIPTS (continued)

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	eipts over \$50 (or listed above)	-0-	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	- 0 -	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	486.25	← 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.

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10 6 11	Main Street Journal	186 Main Street Marlboro	Advertising	486.25
		Line 12: Total Expenditures ov	er \$50 (or listed above)	486.25
		Line 13: Total Expenditures \$50) and under* (not listed above)	-0-
	Enter on page 1 line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	481 95

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. Page 4

SCHEDULE B: EXPENDITURES (continued)

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				<u> </u>
			<u> </u>	
		Line 12: Expenditures over \$50	(or listed above)	-0-
		Line 13: Expenditures \$50 and u	under* (not listed above)	-0-
	Enter on page 1, line 4 \rightarrow	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	48625

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

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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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	6
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	-0-
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	- 01

* 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

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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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	UNG LIABILITIES (ALL)	-0-

Form CPF M Form CPF M Commenventith of Massachusette City or Town of: Mariboro	I 102-0: Campaign Finance Municipal Form Mice of Campaign and Political Finance	Report RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH 2011 OCT 25 P & 12
Please prin	t or type all information, except signature	s.
Fill in dates:MonthDayReporting Period Beginning17	Year Month Zeo] Ending O	Day Year 14 2011
 8th day preceding preliminary/primary 8th day preceding preliminary/primary Pursuant to M.G.L., Chapter 55: 1. I certify that I am a candidate for or hold Mun 2. I certify that I have not received any contribu reporting period, and do not have a campaign 3. I certify that I do not have a political committed of the second sec	(Town or Special) nicipal Office. tions, made any expenditures, or incurred fund in existence.	(Year-End Report)
DATE I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
125111 Marin	28 Dean Road	Selioo Committee
8		
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Form CPF M 102: Campaign Finance Report					
Municipal Form RECEIVED					
Office of Campaign and Political Finance CITY CLERK'S OFFICE CITY OF MARLBOROUGH					
Commonwealth of Massachusetts File with 2 CHay of Flow? Clerk Deletion Commission					
Fill in Reporting Period dates: Beginning Date: <u>9/17/11</u> Ending Date: <u>10/19/11</u>					
Type of Report: (Check one)					
Sth_day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution					
Mark A. Oram Oram Compaign Committee					
Candidate Full Name (if applicable)					
Office Sought and District Name of Committee Treasurer					
108 Upland Red Marlborough MH Residential Address 045>0					
Telephone Number (optional): Telephone Number (optional): 508, 829. 9191					
SUMMARY BALANCE INFORMATION:					
Line 1: Ending Balance from previous report 79,8-3					
Line 2: Total receipts this period (page 3, line 11) 387, 25					
Line 3: Subtotal (line 1 plus line 2) 467.08					
Line 4: Total expenditures this period (page 5, line 14) 387,25					
Line 5: Ending Balance (line 3 minus line 4) 79.83					
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7) 11 785.83					
Line 8: Name of bank(s) used: St. 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 being of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury: (Treasurer's signature) Date: Date:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee 1 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 QR 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: (Candidate's signature) 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.

(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)
9/26-10/1 2011	Mark A. Oram 108 Upland Rd Mor/burough	387.25	Candidate-Loons to Campaign
Line 9: Total Receipts over \$50 (or listed above)		387.25	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD 387.25			← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
9/26/11	Main Street Journal	186 Main St Marlborough M4	Political Ad	249.00
10/1/11	Pillow Pets	601 Donald Lynch Blad Martboraugh MA	Campaign Buttons	38.25
[
		[]		
				Descendings.
		Line 12: Total Expenditures ov	er \$50 (or listed above)	387,25
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	387.25

* 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 4

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 on page 1.

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Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	ite an erende a	n i - santifisket dagstell	ALCONTRACTOR	(his hiddene
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		\$50 & under (not listed above)		
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				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

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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
1/1/47 - 9/6/11	Mark A. Oram 108 Upland Ad	108 Upland Rod Marlborough MH	Logns to Campaigh	10 398.58
9/17/11- 10/14/11	1. 1.	11 11	/ / / /	387.25
		×		
	[]			
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	10785.83

Municipal Form Office of Competen and Political Plasmee	RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH
rith: r Town Clerk or Election Commission	2011 OCT 21 A 10:01
Please print or type all information, except signatures.	
Ill in dates: Month Data Year Month Reporting Period Beginning SEPT 17 ZOII Ending OCT	Data Year 14 201
Sype of report: (Check one) 18th day preceding primary 🛛 8th day preceding election 🛛 year-end report 🗍 dissolut	tion 🗌 other (specify)
MICHAEL H: OSSING N/A	
Full Name of Candidate (if applicable) Committee	
43 VARUEY ROAD	
MARLBORD MA 01752 Committee Mail	ng Address
508-481-6189 Tel. No. (optional)	Tel. No. (optional)
Line 3: Subtotal (line 1 plus line 2) S_ Line 4: Total expenditures this period (page 3, line 14) S_ Line 5: Ending balance (line 3 minus line 4) S_ Line 6: Total in-kind contributions this period (page 4) S_ Line 7: Total (all) outstanding liabilities (page 4) S_ Line 8: Name of bank(s) used <u>CANTAL ONE FEDERAL CIN</u> Affldevit of Committee Treasurer: Loritly that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a to finance activity, including all contributions, losus, roceipts, expenditures, disbursements, in-kind contributions and liabilitic compsign finance activity of all persons acting under the suthority or on behalf of this committee in accordance with the r Signed under the personatives of perjery:	ue and complete statement of all campai es for this reporting period and represent
Tressurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SK	IN BELOW)
Affidavit of Candidate: (check 1 bes 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 t finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirem 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	

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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)
	NA			
•	, .			
• • •				
·		5	ļ	
• .		(
Line Q.	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
	TOTAL RECEIPTS IN THE PERIOD	Ø		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	Amo	unt
	NIA				
	-/•1				
	`				
			;		
	······································				
X					
	· · · · · · · · · · · · · · · · · · ·				
			2: Expenditures over \$50		
			3: Expenditures \$50 and under*		
	Enter on page 1, line 4	Line 1	4:TOTAL EXPENDITURES	(\mathcal{D})	

*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
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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.

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Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	N/A			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	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
	NA			
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		Ø

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance ReportRECEIVED Municipal Form CITY CLERK'S O

CITY CLERK'S OFFICE CITY OF MARLBOROUGH

Office of Campaign and Political Finance

2011 OCT 24 A 10= 26

10/23/2011

File with: City or Town Clerk or Election Commission

Reporting Period - Beginning: 9/17/2011

Type of report: Pre-election

Patricia A. Pope

Full Name of Candidate

Councilor At Large

Office Sought/ District

114 Houde Street

Marlborough, MA 01752

Residential Address

The Committee To Elect Patricia A. Pope

Ending: 10/14/2011

Committee Name

Kathryn M. Bagley Name of Committee Treasurer

15 Dickenson Way

Marlborough, MA 01752

Committee Address

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$551.48
Total receipts this period:	\$3,745.00
Subtotal:	\$4,296.48
Total expenditures this period:	\$780.77
Ending Balance:	\$3,515.71
Total in-kind contributions this period:	\$0.00
Total outstanding liabilities:	\$1,740.00
Name of bank(s) used: St 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.

Signed under the penalties of perjury:

easurer'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:

Atricia S

10/24/11

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 Employer
9/29/2011	Barr, Henry 85 Flanagan Drive Framingham, MA 01701	\$250.00	Lawyer Law Office of Barr & C
10/4/2011	Bergeron, Arthur 54 Shea Drive Marlborough, MA 01752	\$500.00	Lawyer Mirick O'Connell
9/29/2011	Bouvier, David 10 Ellis Avenue Marlborough, MA 01752	\$100.00	
9/29/2011	Burdan, Stanislav 69 Lowell Avenue Newton, MA 02460	\$200.00	Real Estate Developer St. Mary's of French H
10/10/2011	Cleary, Michelle 64 Jacobs Road Marlborough, MA 01752	\$100.00	
9/29/2011	Connor, Filomena 297 Desimone Drive Marlborough, MA 01752	\$100.00	
10/1/2011	Creamer, Steve 125 Spoonhill Avenue Marlborough, MA 01752	\$100.00	Firefighter City of Boston
9/29/2011	Ferro, Joseph 139 Lakeside Avenue Marlborough, MA 01752	\$100.00	
10/1/2011	Holland, Gretta 666 Brigham Street Marlborough, MA 01752	\$100.00	
10/3/2011	Kays, Robert 520 Lincoln Street Marlborough, MA 01752	\$100.00	

Amount Occupation and Employer

9/29/2011	Kennedy, Carolyn 80 Cameron Drive Marlborough, MA 01752	\$100.00	Corporation Officer / Kennedy's Irish Pub, I
10/4/2011	Kennedy, Michael 80 Cameron Drive Marlborough, MA 01752	\$100.00	Restaurant Owner Kennedy's Irish Pub, I
9/29/2011	Kolaczyk, Karen 123 Dudley Street Marlborough, MA 01752	\$100.00	
10/1/2011	Ryan, Maurice 242 Elsinore Street Concord, MA 01742	\$250.00	President/co-Owner Patriot Ambulance, Inc
9/29/2011	Shay, Joseph F. 5 Wyndemere Drive Southborough, MA 01772	\$100.00	Owner Ken's Foods
10/13/2011	Tomanack, Richard 19 Water Street Marlborough, MA 01752	\$200.00	General Manager Embassy Suites Hotel
10/1/2011	Walton, David 178 Praire Street Marlborough, MA 01752	\$200.00	Treasurer/co-Owner Patriot Ambulance, Inc
	zed Receipts mized Receipts pts	\$2,700.00 \$1,045.00 \$3,745.00	

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
9/27/2011	Bj's Wholesale Club 290 Turnpike Road Westborough, MA 01580	\$53.58	Campaign Event
9/24/2011	Main Street Journal 186 Main Street Marlborough, MA 01752	\$199.00	Campaign Ad
10/14/2011	United States Postal Service Northborough, MA 01532	\$39.60	Postage
9/23/2011	Vista Print Www.Vistaprint.Com	\$85.00	Stationary
9/29/2011	Welly's Restaurant 153 Main Street Marlborough, MA 01752	\$319.25	Campaign Event
	zed Expenditures mized Expenditures ditures	\$696.43 \$84.34 \$780.77	

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					
Commonwealth of Massachusetts	CITY CLERK'S OFFICE CITY OF MARLBOROUGH File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 9/17/2011	Ending Date 2011 DE119201 P 1: 20				
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election) day after election 🔲 year-end report 🔲 dissolution				
	tie Robey Committee				
Candidate Full Name (if applicable)	Committee Name				
Councilor At-Large, City Council, City of Marlborough Office Sought and District	ic Baur Name of Committee Treasurer				
[Hudson St Marlborough MA 10752				
Residential Address	Committee Mailing Address				
Telephone Number (optional): 5084608484	ephone Number (optional): 5087400583				
SUMMARY BALANCE IN	FORMATION:				
Line 1: Ending Balance from previous report	955.81				
Line 2: Total receipts this period (page 3, line 11)	1070.00				
Line 3: Subtotal (line 1 plus line 2)	2025.81				
Line 4: Total expenditures this period (page 5, line 14)	1361.77				
Line 5: Ending Balance (line 3 minus line 4)	664.04				
Line 6: Total in-kind contributions this period (page 6)	0.00				
Line 7: Total (all) outstanding liabilities (page 7)	3687.86				
Line 8: Name of bank(s) used: Digital Federal Credit Uni	on, PayPal				
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:					
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 <u>OR</u> 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 op behalf of this comm	my knowledge and belief, a true and complete statement of all campaign d contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 10/23/2011				

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)
9/24/2011	Lisa Adams 22 Dufour Dr Marlborough, MA 01752	175	
9/24/2011	Walter Bonin 64 Country Lane Marlborough, MA 01752	100	
9/17/2011	John Grogan 71 Hudson St Marlborough, MA 01752	100	
9/23/2011	Katie Robey 97 Hudson St Marlborough, MA	300 (loan)	
9/24/2011	MaryLou Vanzini 250 Pleasant St Marlborough MA, 01752	100	
,			
j			
Line 9: Total Receipts over \$50 (or listed above)		775	
Line 10: Total Receipts \$50 and under* (not listed above)		295	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1070	← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
9/21/2011	Home Depot	701 Boston Post Rd E #2607 Marlborough, MA 01752	Campaign Materials Sign Framing	27.84
9/24/2011	IParty	100 Boston TurnPike White City East Shrewsbury MA 01545	Campaign Materials Candy, Helium	64.73
10/01/2011	IParty	100 Boston TurnPike White City East Shrewsbury MA 01545	Campaign Materials Candy, Helium	142.88
9/26/2011	Main Street Journal	Corey Building 186 Main St Marlborough MA 01752	Advertising - Newspaper Ad	249.00
9/23/2011	MetroWest Daily News	33 New York Ave. Framingham MA 01701	Advertising - Newspaper Ad	626.40
10/1/2011	Office Max	199 Boston Post Road West RK Centre Marlborough, MA 01752	Campaign Materials - Post Cards	79.15
10/1/2011	Office Max	199 Boston Post Road West RK Centre Marlborough, MA 01752	Campaign Materials - Post Cards	83.77
9/20/2011	United States Postal Service	20 Florence Street Marlborough, MA 01752	Postage	88.00
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	1361.77
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 \rightarrow	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1361.77

* 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 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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				L
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				<u> </u>
				<u> </u>
				[
				[
				L
,				
		Line 12: Expenditures over \$50) (or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	1997 - Anno 2007 - Anno 200	

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
·				
·				
÷				
		Line 15: In-Kind Contributions over \$50 (or listed above)		0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0.00
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0.00

* 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
8/15/1995	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	750.00
, 9/16/1995	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	89.80
9/22/1999	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	500.00
8/1/2002	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	45.31
10/30/2003	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	79.79
9/30/2007	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	64.96
11/3/2007	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	438.00
5/23/2011	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	250.00
8/1/2011	Kathleen Robey	97 Hudson St Mariborough, MA 01752	loan to campaign	50.00
8/15/2011	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	1620.00
9/3/2011	Kathleen Robey	97 Hudson St Marlborough, MA 01752	repayment against previous loans	(500)
9/23/2011	Kathleen Robey	97 Hudson St Marlborough, MA 01752	loan to campaign	300
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTA	ANDING LIABILITIES (ALL)	3687.86

	Office of Camp	icipa	I Form RECEIVED I Political Fight& CLERK'S OF CITY OF MARLBO	FFICE
Commonwealt f Massachuset			2011 File Stin 2dity of Po	ware Clark or Election Commission
-	porting Period dates: Beginning Date: 9/1	17/11		13B1// 14/11 C8
• •	eport: (Check one) preceding preliminary V 8th day preceding election		after election	anant 🗖 dissolution
_ sth day	preceding preliminary		after election year-end re	eport dissolution
Rob	ent SeyMOUN Candidade Full Name (if applicable)	Cor	WMillee to Elect Committee Name	Pobent Seyna
War	Office Sought and District		hristine Seyn Name of Committee Tre	MUM easurer
17 /	Cenney Lane Marborne		Committee Mailing Ad	
elephone Nu	mber (optional):	Telephon	e Number (optional):	
Γ	SUMMARY BALANCE	E INFO	RMATION:	
	Line 1: Ending Balance from previous report		1091.86	
	Line 2: Total receipts this period (page 3, line 11)		Ø	
	Line 3: Subtotal (line 1 plus line 2)		1091.86	
	Line 4: Total expenditures this period (page 5, line	14)	Ø	
	Line 5: Ending Balance (line 3 minus line 4)		1091.86	
	Line 6: Total in-kind contributions this period (page	e 6)	NA	
	Line 7: Total (all) outstanding liabilities (page 7)		N/A	
	Line 8: Name of bank(s) used: <u>St. Man</u>	J's	Credit Unit	DL
certify that I h ctivity, includ nance activity igned under	ommittee Treasurer: have examined this report including attached schedules and it is, to the best of ing all contributions, loans, receipts, expenditures, disbursements, in-kind cor of all persons acting under the authority or on behave of this committee in ac- the penalties of perjury:	ntributions cordance w	and liabilities for this reporting period and ith the requirements of M.G.L. c. 55.	nent of all campaign finance represents the campaign Pate: 10/33/1/
Candidate	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of e with Committee and no activity independent of the committee at 1 have examined this report including attached schedules and it is, to the be f all persons acting under the authority or on behalf of this committee in accor ny liabilities nor made any expenditures on my behalf during this reporting pe	est of my ki	owledge and belief, a true and complete st the requirements of M.G.L. c. 55. I have	tatement of all campaign finance not received any contributions,
[] I certify th	e without Committee <u>OR</u> Candidate with independent activity filing separat at I have examined this report including attached schedules and it is, to the be tivity, including contributions, loans, receipts, expenditures disbursements, in finance activity of all persons acting under the authority of on behalf of this c	est of my kr h-kind contr	owledge and belief, a true and complete st ibutions and liabilities for this reporting pe	ariad and represents the
	the penalties of perjury:			·····

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance CITY CLERK'S OFFICE CITY OF MARLBOROUGH File 2014: City of Marlborough
Fill in Reporting Period dates: Beginning Date: 9/17/2011 Ending Date: 10/14/2011
Type of Report: (Check one)
GEORGE E. STEIN Committee Name Candidate Full Name (if applicable) Committee Name
WAND 3 CITY COUNCILON MANY ANN STELD Office Sought and District Name of Committee Treasurer
28 SANDINI M, MARCBONALOH, MAUITR Residential Address Committee Mailing Address
Telephone Number (optional): 508 481 4605 Telephone Number (optional): 508 481 4605
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 423.35
Line 2: Total receipts this period (page 3, line 11) 275.00
Line 3: Subtotal (line 1 plus line 2) 698.35
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4) 20.50
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7) 3018.05
Line 8: Name of bank(s) used: MANLOUN SAUNGS DAON
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 inaccordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: 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 for on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: (Candidate's signature) Date: _/ 0/23///

SCHEDULE A: RECEIPTS (continued)

6 6. 8.1 T

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
	eipts \$50 and under* (not listed above)	275.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	275.00	← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
10/14/11	KENNEDY'S	247 MADLEST. 247 MARLOW, MA	FUND MAISNE EVENT	300.00
9/24/4	Office map	RU PURCE MAUSINIA MAD	Past CRADS & The	79.86
9/28/11	SOVISUM	40 Husson ST. MARIBUN, MA	Bruchurs	271.79
9/24/4	USPS	FLORNCE ST MARLOSN, MA	postre	26.20
		Line 12: Total Expenditures ov	er \$50 (or listed above)	677.85
		Line 13: Total Expenditures \$50) and under* (not listed above)	

Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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 4



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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		[]		
		·		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	[
		Line 16: In-Kind Contributions		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	$-\Theta$

* 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	GFORE STEL	285ANDINI PD MANGON, MA	LOPPS	632.73
VMILL	GEONLE STEN	Z& SANDINIMO MARUBSAU, MA	WAN	1129.08
ming	GEULLE STEW	28 SANDINI RD MARCASUNI MA	LUM	320,72
VANION	GEONDE STEIN	28 SANDNIMD MAREBUN, NA	Losu	257.67
VARIONS	GEURGE STEIN	28 SANDINIAD MARCBINGAN	wm	677.85
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL				3018.05

Form CPF M 102: Campaign Finance Report Municipal Form
Office of Campaign and Political Finance RECEIVED RECEIVED
CITY CLERK'S CITY OF MARLBOROUGH
with:
y or Town Clerk or Election Commission Please print or type all information, except20 plug 20
Fill in dates: Month Date Year Reporting Period Beginning Sept 16 2011 Ending Oct 2014 2011
Type of report: (Check one) Sth day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Repert J. Tunnera Committee to Elect Robert J. Tunnera
Full Name of Candidate (if applicable) Committee Name
Councilor Ward 4 Joseph A. Tunnerg
23 Summer St 46 Richard Rd
Residential Address Committee Mailing Address
Marlbarough MA Marlborough MA
508-414-0838 Tel. No. (optional) 508-481-0671 Tel. No. (optional)
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 Marlboro 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 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. 5. Signed under the penaities of perjury: Oct 20 2011 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 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 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: 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)
			, É •
	· · ·		
			·
		· · ·	
		<u> </u>	······································
Line 9:	Total receipts in excess of \$50 (or listed above)		
Line 10:	Total receipts \$50 and under* (not listed above)		
	TOTAL RECEIPTS IN THE PERIOD itemized receipts of \$50 and under include them in line 9		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	Am	ount
9/30/11	Marlboro Savings Bank	Granger Blud	Inactive charge	10	00
•					-
		Line 12	Expenditures over \$50		
	-		Expenditures \$50 and under*	10	00
E	Enter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	10	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
•				
				• F •
		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
				•
	. · ·			
L	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

Office of Campaign and	Political Finance CITY CLERK'S OFFICE CITY OF MARLBOROUGH
Massachusetts ill in Reporting Period dates: Beginning Date: 9-16-11	File water Cit Col T2 Ver Clear of Steeping Commis Ending Date: 10-14-11
ype of Report: (Check one) $\int \gamma \gamma$, $\sqrt{2}$ 8th day preceding preliminary 8th day preceding election 30 day	after election
Candidate Full Name (if applicable)	<u>Committee Name</u>
ASSABET VALLEY SCHOOL COMM.	
Office Sought and District	Name of Committee Treasurer
<u>Residential Address</u>	Committee Mailing Address
elephone Number (optional): $508-485-4377$ Telephone	Number (optional):
SUMMARY BALANCE INFOI	RMATION
Line 1: Ending Balance from previous report	2
	2
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	
Initial interview of the second se	and liabilities for this reporting period and represents the campaign ith the requirements of M.G.L. c. 55. (Treasurer's signature) Date:



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

10/24/2011

File with: City or Town Clerk or Election Commission

a a construction and a construction of the second		
Type of report: Pre-election		
Arthur G. Vigeant	Commit	tee to Elect Arthur G. Vigean
Full Name of Candidate		Committee Name
Mayor		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
SUMMAR	Y BALANCE INFO	RMATION
Ending Balance from p		\$25,736.06
Total receipts this p		\$5,918.13
Subtotal:		\$31,654.19
Total expenditures th	his period:	\$6,962.82
Ending Balance:		\$24,691.37
	itions this period:	······································
Total inkind contribu	-	\$0.00
Total inkind contribu Total outstanding lia	abilities:	\$0.00 \$10,423.31
Total inkind contribu Total outstanding lia Name of bank(s) used:	abilities:	\$0.00 \$10,423.31
Total inkind contribu Total outstanding lia	abilities: Peoples United cluding attached schedules a ampaign finance activity inc ons and liabilities for this	\$0.00 \$10,423.31 Bank and it is, to the best of my knowledge and cluding all contributions, loans, receipts, reporting period and represents the campa
Total inkind contribut Total outstanding lia Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report, int belief, a true and complete statement of all co expenditures, disbursements, inkind contribution finance activity of all persons acting under the requirements of M.G.L. c. 55. Signed under the penalties of perjury:	abilities: Peoples United cluding attached schedules a ampaign finance activity inc ons and liabilities for this	\$0.00 \$10,423.31 Bank and it is, to the best of my knowledge and cluding all contributions, loans, receipts, reporting period and represents the campa
Total inkind contribut Total outstanding liat Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report, int belief, a true and complete statement of all c. expenditures, disbursements, inkind contribution finance activity of all persons acting under the requirements of M.G.L. c. 55.	abilities: Peoples United cluding attached schedules a ampaign finance activity inc ons and liabilities for this	\$0.00 \$10,423.31 Bank and it is, to the best of my knowledge and cluding all contributions, loans, receipts, reporting period and represents the campa
Total inkind contribut Total outstanding lia Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report, int belief, a true and complete statement of all co expenditures, disbursements, inkind contribution finance activity of all persons acting under the requirements of M.G.L. c. 55. Signed under the penalties of perjury:	abilities: Peoples United cluding attached schedules a ampaign finance activity inc ons and liabilities for this he authority or on behalf of	\$0.00 \$10,423.31 Bank and it is, to the best of my knowledge and cluding all contributions, loans, receipts, reporting period and represents the campa this committee in accordance with the 10-X4-11
Total inkind contribut Total outstanding lia Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report, int belief, a true and complete statement of all c. expenditures, disbursements, inkind contribution finance activity of all persons acting under the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink)	<pre>abilities: : Peoples United cluding attached schedules a mampaign finance activity inc ons and liabilities for this he authority or on behalf of //////////////////////////////////</pre>	\$0.00 \$10,423.31 Bank and it is, to the best of my knowledge and cluding all contributions, loans, receipts, a reporting period and represents the campa t this committee in accordance with the <u>10-JH-H</u> Date committee is, to the best of my knowledge and belief is not received any contributions, incurred
Total inkind contribut Total outstanding list Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report, im- belief, a true and complete statement of all co- expenditures, disbursements, inkind contribution finance activity of all persons acting under the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (ip ink) Affidavit of Candidate (check 1 box only) Candidate with Committee and no activ I certify that I have examined this report, and true and complete statement of all campaign fin this committee in accordance with the requirement	abilities: Peoples United cluding attached schedules a ampaign finance activity inc ons and liabilities for this he authority or on behalf of yity independent of the c d attached schedules and it nance activity, of all perso ents of M.G.L. c. 55. I have y behalf during this reporti late with independent act attached schedules and it i finance activity including c ities for this reporting per	\$0.00 \$10,423.31 Bank and it is, to the best of my knowledge and cluding all contributions, loans, receipts, reporting period and represents the campa this committee in accordance with the <i>Uo-H-H</i> Date <i>to -H-H</i> Date <i>to -H-H</i> <i>to -H-H-H <i>to -H-H-H</i> <i>to -H-H-H</i> <i>to -H-H-H</i> <i>to -H-H-H</i> <i>to -H-H-H</i> <i>to -H-H-H-H</i> <i>to -H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H</i></i>
Total inkind contribut Total outstanding lia Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report, into belief, a true and complete statement of all con- expenditures, disbursements, inkind contribution finance activity of all persons acting under the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (ip ink) Affidavit of Candidate (check 1 box only) Candidate with Committee and no active I certify that I have examined this report, and true and complete statement of all campaign fin- this committee in accordance with the requirement any liabilities nor made any expenditures on my Candidate without Committee OR candid I certify that I have examined this report and a true and complete statement of all campaign fin- this committee in accordance with the requirement of Candidate without Committee OR candid I certify that I have examined this report and a true and complete statement of all campaign fin- disbursements, inkind contributions and liabili- finance activity of all persons acting under the	abilities: Peoples United cluding attached schedules a ampaign finance activity inc ons and liabilities for this he authority or on behalf of yity independent of the c d attached schedules and it nance activity, of all perso ents of M.G.L. c. 55. I have y behalf during this reporti late with independent act attached schedules and it i finance activity including c ities for this reporting per	\$0.00 \$10,423.31 Bank and it is, to the best of my knowledge and cluding all contributions, loans, receipts, reporting period and represents the campa this committee in accordance with the <i>Uo-H-H</i> Date <i>to -H-H</i> Date <i>to -H-H</i> <i>to -H-H-H <i>to -H-H-H</i> <i>to -H-H-H</i> <i>to -H-H-H</i> <i>to -H-H-H</i> <i>to -H-H-H</i> <i>to -H-H-H-H</i> <i>to -H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H</i></i>

10-24-11

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 Employer
10/9/2011	BARBERIO, David 14 CROSS STREET Southborough, MA 01772	\$250.00	Scrap Yard Self
10/3/2011	BONIN, Walter 64 COUNTRY LANE Marlborough, MA 01752	\$250.00	FINANCIAL ADVISOR SELF
10/9/2011	Butts, Richard 70 Collins Dr Marlborough, MA 01752	\$100.00	Attorney Self
10/9/2011	Delano, Joseph F. 10 Harper Circle Marlboro, MA 01752	\$500.00	FINANCIAL ADVISOR SELF
10/9/2011	Drummey, John 6 Bush Road Hudson, MA 01749	\$200.00	PEST EXTERMINATION SELF
10/9/2011	Eckstein, Neale 57 Fox Run Road Sudbury, MA 01776	\$100.00	Dentist Self
10/9/2011	Ferrecchia, Scott 82 Paquin Drive Marlborough, MA 01752	\$100.00	Business Owner Lincoln Tool & Machine
10/9/2011	Geagan, John 26 Gibbs Place Marlborough, MA 01752	\$100.00	
10/3/2011	Gordon, Stanley 2f Rotherham Way Hudson, MA 01749	\$100.00	Attorney Brigham Dev. Co. Inc
10/9/2011	Hanson, Christopher 53 Boston Rd Southborough, MA 01772	\$100.00	

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Amount Occupation and Employer

10/9/2011	Hart, Kevin 224 Gates Pond Road Berlin, MA 01503	\$100.00	Attorney Self
10/3/2011	Higgins, James 20 Lamarre Drive Marlboro, MA 01752	\$100.00	Business Owner Campion Cleaners
10/9/2011	Holland, Richard 666 Brigham Street Marlborough, MA 01752	\$100.00	Business Owner Holland Woodworking, I
10/9/2011	Kehney, Ronald PO Box 1123 South Lancaster, MA 01561	\$100.00	Dentist
10/3/2011	Langway, Robert 7 Blueberry Lane Southborough, MA 01772	\$50.00	
10/9/2011	Leduc, Alycia Exxex Street Marlborough, MA 01752	\$100.00	
10/9/2011	McCabe, David 11 Jackson Circle Marlborough, MA 01752	\$100.00	
10/9/2011	McCabe, Robert 232 Fishing Cove Road North Kington, RI 02852	\$100.00	Retired
10/9/2011	MITRAKAS, Greg 230 SIMPSON ROAD Marlborough, MA 01752	\$100.00	Realtor Mitrakas Realty
10/9/2011	Mitrakas, Greg G. Marlborough, MA 01752	\$200.00	Attorney Self
10/9/2011	O'Malley, Michael One Kelly Lane Hudson, MA 01749	\$100.00	Contractor Self
10/3/2011	Roberts, James 7 David Henry Gardner Lane Southborough, MA 01772	\$100.00	Investment Advisor Fidelity Investments

w Date	Name and Residential Addres	SS Allount	occupation and Emproyer
10/9/2011	Salituro, Frank Marlborough, MA 01752	\$100.00	
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10/9/2011	Skehill, Kenney Marlborough, MA 01752	\$100.00	
10/0/0011	-	¢1.00_00	
10/9/2011	Smith, Nadine 28 Independence Lane Marlborough, MA 01752	\$100.00	
10/9/2011	STOKES, Albert& Irene 38 PAQUIN DRIVE Marlborough, MA 01752	\$250.00	Cabinet Maker Self-Employed
10/9/2011	TOMANEK, Richard Water Street Marlborough, MA 01752	\$200.00	Manager Embassey Suites
10/9/2011	Veliz, Jorge 13 Fieldstone Lane Natick, MA 01760	\$100.00	
10/3/2011	Visconti, John 12 Orient Avenue Boston, MA 02128	\$250.00	Contractor Shawmut Construction
10/9/2011	Walton, David C. 328 Main Street Townsend, MA 01469	\$250.00	Manager Patriot Ambulance
10/9/2011	Walton, Gail 178 Prairie Street Concord, MA 01742	\$500.00	Real Estate Self
10/9/2011	Wilcox III, Richard 418 Farm Road Marlborough, MA 01752	\$100.00	
10/3/2011	Winske Jr., David 271 Farm Road Marlborough, MA 01752	\$250.00	Contractor Self
	zed Receipts emized Receipts pts	\$5,250.00 \$668.13 \$5,918.13	

Amount Occupation and Employer

Date Name and Residential Address

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
9/28/2011	Colleen Hughes 70 Village Drive Marlborough, MA 01752	\$400.00	Office Manager
10/5/2011	Colleen Hughes 70 Village Drive Marlborough, MA 01752	\$400.00	Office Manager
10/1/2011	Connolly Printing LLC 17b Gill Street Woburn, MA 01801	\$1,956.70	Printing
10/5/2011	Embassy Suites Hotel Boston Post Rd West Marlborough, MA 01752	\$825.75	Event
10/3/2011	Kenny's Landscaping P O Box 113 Hudson, MA 01749	\$300.00	Island Cleanup
9/29/2011	Le Petite Studio 167 East Main Street Northborough, MA 01532	\$250.00	Photos
9/17/2011	MAIN STREET JOURNAL 186 MAIN STREET Marlborough, MA 01752	\$200.00	Advertising
9/28/2011	Metrowest Printing 160 Main Street Marlborough, MA 01752	\$1,613.89	Printing
10/2/2011	Ocean State Job Lot E Main Street Marlborough, MA 01752	\$93.50	Tent
9/19/2011	Tracker Systems 186 Main Street Marlboro, MA 01752	\$600.00	Computer
10/1/2011	Verizon P.O.Box 1 Worcester, MA 01654	\$62.98	Telephone

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10/5/2011	Welly's Resturant Main Street Marlborough, MA 01752	\$185.00	Event
	zed Expenditures mized Expenditures ditures	\$6,887.82 \$75.00 \$6,962.82	

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.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Item	ized Inkind Contributions	\$0.00	
Total Unit	emized Inkind Contributions	\$0.00	
Total Inki	nd 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	

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