

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

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH
nformation, except signatures. 2011 SEP 26 A 11: 00
Year Month Date Year (20// Ending 99 16 2011
ion □30 day after election □year-end report □dissolution
Committee To Elect Todd Beauchenin Committee Name Joan Beauchemin Name of Committee Treasurer 29 Fontaine St Marlborough MA Committee Mailing Address Tel. No. (optional)
ANCE INFORMATION: evious report \$ -0- d (page 2, line 11) \$ 1,410.19 period (page 3, line 14) \$ 1113.91 s line 4) \$ 296.28 s this period (page 4) \$ -0-

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 Signed under the penalties of perjury: M.G.L. c. 55.

	*.		
Treasurer's signature (in ink) Jaan M. Besuch	enux	Date	9-26-11

Line 7: Total (all) outstanding liabilities (page 4) \$ -6
Line 8: Name of bank(s) used <u>St. Marys Credit Vnion</u>

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, t	o 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 expendit	tures on my behalf during this reporting period.
☐ Candidate without Committee OR Candidate with independent activity fili	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I certify that I have examined this report including attached schedules and it is, t	
campaign finance activity, including contributions, loans, receipts, expenditures,	
and represents the campaign finance activity of all persons acting under the author	
M.G.L. c. 55. Signed under the penalties of	perjury:
love de	9/24/2011
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)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
	See ATTached			
	• 4			
				·
Line 9: Tota	al receipts in excess of \$50 (or listed above)	1150	00	
	al receipts \$50 and under* (not listed above)	260	19	
Line 11: TO	TAL RECEIPTS IN THE PERIOD	1410	19	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.

Beauchemin	
Todd	
Elect	
6	
onmittee	֡
, uo	

Last Name	First Name	Address 1	Address 2	City	State	Zip Code	Occupation	Employeer	Donation Totals
Beauchemin	Edward	49 Sheridan Rd		Marlborough	MA	01752	Retired	Retired	\$250.00
Beauchemin	Joan	49 Sheridan Rd		Marlborough	MA	01752	Retired	Retired	\$250.00
Beauchemin	Todd	29 Fontaine St		Marlborough	MA	01752	Manager	Transitional Data Services	\$250.00
Becker	Karanina	167 Forbush Mill Rd		Bolton	MA	01740			\$50.00
Cauger	David	17 Fontaine St		Marlborough	MA	01752	Executive	Boston Aesthetics, LLC	\$250.00
Trepanier	Mona	2061 Champion St		Sarasota	FL	34231	Retired	Retired	\$50.00
Trepanier	Pauline	11 Goodrich Lane		Winslow	ME	04901	Retired	Retired	\$50.00
Total:	\$1,410.19								
< \$50.00	\$260.19								
> \$200.00	\$1,000.00								
Other	\$150.00								

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 Address Purpose of Expenditure Amount (alphabetical listing) See ATTached Line 12: Expenditures over \$50 1104 00 9 91 Line 13: Expenditures \$50 and under*

Line 14: TOTAL EXPENDITURES

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 3

Last Name	First Name	Address 1	Address 2	City	State	Zlp Code	Occupation	Employeer	Donatio	n Totals
Beauchemin	Edward	49 Sheridan Rd		Marlborough	MA	01752	Retired	Retired		\$250.00
Beauchemin	Joan	49 Sheridan Rd		Marlborough	MA	01752	Retired	Retired		\$250.00
Beauchemin	Todd	29 Fontaine St		Marlborough	MA	01752	Manager	Transitional Data Services	Ut.	\$250.00
Becker	Karanina	167 Forbush Mill Rd		Bolton	MA	01740				\$50.00
Cauger	David	17 Fontaine St		Marlborough	MA	01752	Executive	Boston Aesthetics, LLC	**	\$250.00
Trepanier	Mona	2061 Champion St		Sarasota	FL	34231	Retired	Retired		\$50.00
Trepanier	Pauline	11 Goodrich Lane		Winslow	ME	04901	Retired	Retired		\$50.00

Total: \$1,410.19 < \$50.00 \$260.19 > \$200.00 \$1,000.00 Other \$150.00

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
and the second s				
		Line 15:	In-kind over \$50	-0-
		Line 16:	In-kind \$50 and under	-0-
	Enter on page 1, line 6	Line 17:	Total In-kind	-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

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	Line 18: OUTSTANDING L	LIABILITIES (ALL)	-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.

Page 4



Form CPF M 102-0: Campaign Finance Report RECEIVED CITY CLERK'S OFFICE

The Tariff	Office of Campaign and Political Finance	CITY OF MARLBOROUGH
Commonwealth of Massachusetts PAUL BRODEU.	R	2011 SEP 27 P 2: 43
City or Town of: MARLBORO		
Please p	rint or type all information, except signatures	. '
Fill in dates: Month I Reporting Period Beginning August	Day Year Month 18 Zoll Ending Septer	Day Year nbu 16 Zoll
Type of Report: (Check One) 8th day preceding 8th day preced preliminary/primary	ling election 30th day following electi (Town or Special)	on
Pursuant to M.G.L., Chapter 55: 1. I certify that I am a candidate for or hold M.G.L.	Aunicipal 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	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	
		1	
9-27-11	Paul & Brodens	41 HAYDEN ST MARLBORD	Councilor at LARGE
	,		
	2		
			is .
<u> </u>			11/07



Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

maneovesith Magachusottu	RECEIV CITY CLERK'S	ED S OFFICE ROBOLIGH
ile with: ity or Town Clerk or Election Commission Please print or type	I information, except signatures 2011 SEP 20	P 3: 23
Fill in dates: Month Date Reporting Period Beginning /	Year ### Cold Control Process Process	Deta Year 26 2011
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding e	ection 30 day after election	□year-end report □dissolution
Edward J. Clancy Full Name of Candidate (if applicable) City Council Ward 6 Office Sought and District 106 Old Charter Rd. Marllon Residential Address (508) 481-0411 Tel. No. (optional)	Committe to Elect Committe I hamas Name of Comm 106 Old Charter Committee Ma (508) 481	Clancy ittes Tressurer Rd. Marlboro
SUMMARY BA Line 1: Ending balance from Line 2: Total receipts this per Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures th Line 5: Ending balance (line 3 m Line 6: Total in-kind contributi Line 7: Total (all) outstanding l Line 8: Name of bank(s) used	od (page 2, line 11) s period (page 3, line 14) s nus line 4) s this period (page 4) \$ \$	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules campaign finance activity, including all contributions, loans, receipts, and represents the campaign finance activity of all persons acting und M.G.L. c. 55. Signed under the pear Treasurer's signature (in ink)	penditures, disbursements, in-kind contrib the authority or on behalf of this comm	utions and liabilities for this reporting perio
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN E	BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the co	mittee	

FOR CANDIDATE FILINGS (ONLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or of have not received any contributions, incurred any liabilities nor made any Candidate without Committee OR Candidate with independent act I certify that I have examined this report including attached schedules an campaign finance activity, including contributions, loans, receipts, expen	nd it is, to the best of my knowledge and belief, a true and complete statement of all on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period. tivity filing separate report and it is, to the best of my knowledge and belief, a true and complete statement of all additures, disbursements, in-kind contributions and liabilities for this reporting period the authority or on behalf of this committee in accordance with the requirements of

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)
				•••
		,		
	,			; ;
		·		:
			٠,	
	Total receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)			
Line 11: T	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.

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

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
		takid uman sun sun sun sun sun sun sun sun sun su		
		•	•	
			·	
			t.	
	·			
	·			
				·
				·
		Line 12:	Expenditures over \$50	
	_	Line 13:	Expenditures \$50 and under*	
Er	nter on page 1, line 4	Line 14:7	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

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
		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
	Eduard J. Clancy	106 Old Charter Rd. Marlbon, MA ONSZ	Campaign Expense	#4462 ⁴³
				7
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	44462 43

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



Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED - CITY CLERK'S OFFICEOffice of Campaign and Political Finance CITY OF MARLBOROUGH

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 301 Ending Date: 9/16/3011					
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution					
Toseph as Richard Collins I Candidate Full Name (if applicable)	Committee to elect Joseph Collins					
Office Sought and District	Name of Committee Treasurer					
15 Redbo Way #31 Northown MICIA	15 Robbes Way to 1 Mar borough MA 01750					
Telephone Number (optional): 508-351-1726	Telephone Number (optional): 508-251-1336					
SUMMARY BALANCE I	INFORMATION:					
Line 1: Ending Balance from previous report	5.00					
Line 2: Total receipts this period (page 3, line 11)	Ø					
Line 3: Subtotal (line 1 plus line 2)	2 ××					
Line 4: Total expenditures this period (page 5, line 14	4)					
Line 5: Ending Balance (line 3 minus line 4)	5 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: D:g tal Fee	Deral 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, eccepts, expenditores, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the activity or or behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on	(y)					
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 accordance incurred any liabilities nor made any expenditures on my behalf during this reporting periods.	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 separa I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts; expenditures, disbursements, in-k campaign finance activity of all persons acting under the authority or on behalf of this com	of my knowledge and belief, a true and complete statement of all campaign cind contributions and liabilities for this reporting period and represents the					
Signed under the penalties of perjury:	(Candidate's signature) Date: 9/26/11					

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.

(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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	<u></u>		
ine 9: Total Recei	pts over \$50 (or listed above)	0.00	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	Ø-88	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	0.00	← 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.

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.)

Data D-13	To Whom Paid	Address Purpose of Expenditure	A
Date Paid	(alphabetical listing)	Address Purpose of Expenditure	Amount
			The state of the s
			1
		Line 12: Total Expenditures over \$50 (or listed above)	0.0
			<u> </u>
		Line 13: Total Expenditures \$50 and under* (not listed above)	0,0
			FA .
	Enter on page 1, line 4	Line 14: TOTAL EXPENDITURES IN THE PERIOD	0.4

^{*} 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 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)	Ø. 00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.0x

^{*} 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.

Page 6

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
8/26/09	Collins, Joseph P.R.	15 Robbid Way #31 Marlbough MA 01753	Parade Bonney	61).04
10/7/09	Collins, Joseph P.R.	Marlbough MA 01752 Marlbough MA 01752 15 Rodand Way #21 Marlbough MA 01752	Yard Signs	418.55
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	1009.59



Form CPF 102ND : Campaign Finance Report Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

						CPF ID#	· · · · · · · · · · · · · · · · · · ·
e of Campaign and Political Finance Ashiburton Place						CEL 1D#_	
m, MA 02108	Masia sii	nt ne trone :	all information	monet classe			
727- 4 3.52	Picasc pri	in or type a	ll information	cyrchy signa	encs.		
ill in dates:	Month	Date	Year		Ments	Date	2011
eporting Period Beginning			2011	Ending _	9	14	20/[
Type of report: (Check one)							
8th day preceding primary	□8th day pr	eccding el	ection Dyean	end report	dissolutio	n 🗆 30 days	after special election
							
Joseph +.	Delan	2 JR	_ [4	mon to	e to e	lect]	* Delano
Full Name of		./		, .	Committee		
MARIBROUGE Ci		ncil	_ _ ^	LISA_		NO	
Office Song		-1			e of Commit	tee Treasurer	
Residential			-		mittee Mail		
(508) 229-0	2124			-1 +	THE STATE OF THE	mail Venitors	
		No. (aptio	mal)			Tel.	No. (eptional)
Line 5: En		contrib	utions this		3 <u>.</u> :4) \$_	0	
Line 6: Tota Line 7: Tota Line 8: Nar	al (all) ou				redit t	LAION	
Line 7: Tota	al (all) our ne of band or including stack	K(S) USC	and it is, to the best res, disbursements,	of my knowledge is kind contribution	and belief, a tr	ue and complete at to fair reportin	period and represents the 3.L. n. 55.
Line 7: Tota Line 8: Nan Affidavit of Committee Treasurer: certify that I have examined this repo- inesce activity, including all constitut ampaign finance activity of all person	al (all) our me of band of ban	(S) USC. and schoolules as subcivity or a subcivity or the checkelor, and the checkelor,	and it is, to the best res, disbustesments, on behalf of this on her the penalties of it is, so the best of a f of this committee my behalf during the metaltic is, to the best of a f is, to the best of a	of my knowledge is-kind contribution marities in accord per justy: my knowledge and in accordance wild is reporting period, periods report by knowledge and injuntation to accord	and belief, a tree as to the requirement to the req	pe and complete at the for this reporting the property of the reporting to	period and represents the 3.L. c. 55.

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, CPF ID# 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)
RCCCIVCO	(aiphabettai iisting requireu)		T	(101 CONTINUED OF 3200 OF MOTE)
			<u> </u>	
			ļ	
			,	
Line 9: To	otal receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)		<u> </u>	
Line 11: T(OTAL RECEIPTS IN THE PERIOD	0		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

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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 1	2: Expenditures over \$50	
		Line 1	3: Expenditures \$50 and under*	
]	Enter on page 1, line 4	Line 1	4: TOTAL EXPENDITURES	0

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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
,				
E	inter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		0

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.



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

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

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C.C. GEO. 1102-representation arrangement

Fill in dates: Reporting Period Beginning	ear OI Ending September 16 201 (1)
Type of report: (Check one) 8th day preceding preliminary 8th day preceding election	on □30 day after election □year-end report □dissolution
Nacarate Manyel	Committee to Floor Managory
Full Name of Candidate (if applicable)	Cômmittee Name
School Committee	- Brenda Calder
2 S Office Sought and District	Name of Committee Treasurer
Residential Address A	Committee Mailing Address
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used Affidavit of Committee Treasurer:	\$ 209.37 Seriod (page 3, line 14)
I certify that I have examined this report including attached schedules and i campaign finance activity, including all contributions, loans, receipts, expend	it is, to the best of my knowledge and belief, a true and complete statement of all litures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of of perjury:
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee and no activity independent of the committee it certify that I have examined this report including attached schedules and it campaign finance activity, of all persons acting under the authority or on behave not received any contributions, incurred any liabilities nor made any experimental Candidate without Committee OR Candidate with independent activity. I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditure.	tee t is, to the best of my knowledge and belief, a true and complete statement of all schalf of this committee in accordance with the requirements of M.G.L. c. 55. I scheditures on my behalf during this reporting period. Ty filing separate report t is, to the best of my knowledge and belief, a true and complete statement of all sures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of

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)
				, i •
	-			
		·		
-				
And a second sec				
	·			
	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11: T	TOTAL RECEIPTS IN THE PERIOD	-0-1		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.

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.

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	nt
·					
		·			
					,
·				·	
		•			
		•			
	-		Expenditures over \$50		
	_		Expenditures \$50 and under*		
Eı	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	-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 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
and the state of t				. 4
	·			
			In-kind over \$50	
		Line 16:	In-kind \$50 and under	-0-
	Enter on page 1, line 6	Line 17	: Total In-kind	-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

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
OCT 7	Margaret Duyac	33 Spanhill Ave	Pesmallan	3300°
	·	·		
			·	
L	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	33000

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



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

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

RECEIVED CITY CLERK'S OFFICE CITY OF MARLEGROUGH

Date:

(Candidate's signature)

of Massachusetts 7011 SEP 27 P 12: 41	File with: Cityran Tayon Clesk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 7/16/11
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Most Flder	Committee to Elect May Elder
Candidate Full Name (if applicable)	Committee Name
haid 3	Briedity Eldor Nolsa
Office Sought and District	Name of Committee Treasurer
12 Tacker Ne	NO box 484 Melbourch 18th 01752
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
	77-1
Line 1: Ending Balance from previous report	5765
Line 2: Total receipts this period (page 3, line 11)	3035
Line 3: Subtotal (line 1 plus line 2)	6796
Line 4: Total expenditures this period (page 5, line	14) 465
Line 5: Ending Balance (line 3 minus line 4)	5-13-3
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	7732
Line 8: Name of bank(s) used: 70 Kink	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of the penalties of perjury:	ontributions and liabilities for this reporting period and represents the 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 bactivity, of all persons acting under the authority or on behalf of this committee in accommittee and liabilities nor made any expenditures on my behalf during this reporting p	
Candidate without Committee <u>OR</u> Candidate with independent activity filing sept l certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

SCHEEDULE A: RECEIPTS

Amount Occupation **Donor Name Address** 2012 OCT 22 P 12: 37 Itemized \$250 General Catalyst 7-Sep Charlie Baker 49 Monument Ave Swampscott, MA 01907 6-Sep Joe Delano 10 Harper Circle \$150 Principal- Delano Financial Management 100 Fidelity Soles West Dist. 20-Jul Larry Elder 20 Currier Dr Framingham, MA 31 Elizabeth Rd Hopkington MA 29-Jul Brian Herr 5 Holts Lane Haverill MA 01830 6-Sep Merit McIntyre \$100 Northway Real Estate- Princip 6-Sep Charles Milhans 100 information requested 1-Sep Eric Obrien 7 Still River Rd Harvard MA 01451-1 100 O'Brien Commercial Propertie 1-Aug Fran and Judy Polito 587C Hartford Turnpike Shrewsbury MA 100 Polito Construction 6-Sep Karyn Polito 587C Hartford Turnpike Shrewsbury MA \$200 Polito Construction Treasurace 24-Jul Chanel Prunier 43 Shirley Rd Shrewsbury MA 100 Self-Consultant 24-Jul Michael Rossettie 43 Shirley Rd Shrewsbury MA 100 Night Crew Chief- Stop and Sh 14-Aug Tom and Patti Teager 190 rolling meadow drive, Holliston 200 Owner and CEO- Forekicks Total: \$1,750

Unitemizied

35 donors

\$1,285

Enter on page 1, line 2

Line 11: TOTAL RECEIPT	S IN THE PERIOD	3025
Line 10: Total Receipts \$50 ar	nd under* (not listed above)	1285
Line 9: Total Receipts over \$	50 (or listed above)	1750

^{*} 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 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 →	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.

Page 6

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		
PASITOT	Natt Elder	12 Sucker AIR Bothwayh, 440,752	Campaign logor	7732		
8/1	Get It Maketing	125 Mg/4 St Springfield, MA 01/05	Post Cards	395		
0/5	Get Set Marketing	125 Main St Springfield, MA 01105	Yard Sists	470		
8/15	Pointed States lost office	20 Florence St Marlbrangh MA	Fundaising lastage	260		
9/10	US. Ast office	20 Florice St Meilbriagh, MA	Various Postuse	160		
5/6	westerdar bas and bill	495 bosten lost 4/ VCs) Markeyly, MA 0,782	languish Kidott	360		
Line 12: Total Expenditures over \$50 (or listed above)				1665		
	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 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
12/3/109	Matt Eller	12 Tecker AIR Mailborayly MA 0.752	Campaigh Loan	7732
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	7732



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

File with: City or Town Clerk or Election Commission Please print or type all in CITY OF MARLBOROUGH CLERKS OF	formation, except signatures. 2011 SEP 23 A & 45 EFICE MASSACHUSET IS
	Deta Year 201
Type of report: (Check one) 8th day preceding preliminary 8th day preceding election	on 30 day after election Syear-end report dissolution
Mark E. Evange Lous Full Name of Candidate (if applicable) CITY COUNCILOR AT LARGE Office Sought and District 108 KELBER DRIVE Residential Address MARLBORDUGH, MA 01752 So 774.2491863 Tel. No. (optional)	Committee To ELECT MARK EVANGELOUS Committee Name MATTHEW EVANGELOUS Name of Committee Treasurer 108 KELBER DRIVE Committee Mailing Address MARLBOROUGH, MA 01752 Tel. No. (optional)
Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi	(page 2, line 11) \$ 0
campaign finance activity, including all contributions, loans, receipts, expend	t is, to the best of my knowledge and belief, a true and complete statement of all litures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of of perjury: 9-22-1 Date
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on b have not received any contributions, incurred any liabilities nor made any exp Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditu	t is, to the best of my knowledge and belief, a true and complete statement of all chalf of this committee in accordance with the requirements of M.G.L. c. 55. I cenditures on my behalf during this reporting period. If the period is, to the best of my knowledge and belief, a true and complete statement of all ares, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of
((((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)	Amoui	nt	Occupation & Employer (for contributions of \$200 or more)
				. x
				•
		-		
				*
Line 9: To	otal receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)				
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.

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

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
***************************************			·	
·				
		Line 12:	Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
Et	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	B

^{*}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
			· · · · · · · · · · · · · · · · · · ·	
·				,
		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
	•			
	. ••••			
	·			
				6/
Enter on page 1, line 7		Line 18: OUTSTANDING	LIABILITIES (ALL)	1

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



Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

Office of Campaign and Political Finance

of Massachusetts	2011 SEP 26 P 4: 26 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	18/11 Ending Date: 09/16/2011
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Aavon J Ferrecchia	Committee to Elect Aaron Terreconia
Candidate Full Name (if applicable)	Committee Name
Marlbarough City Canselor at Large Office Sought and District	Name of Committee Treasurer
172 Shawmut Avenue Marlborugh, ma 61712 Residential Address	32 Hosmer Street Marlboro, MA 01752 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	: 14)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Marlborough	Savings Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign ccordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 9 22 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 beactivity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting process.	
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	pest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 9/26///

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)
ine 9: Total Receip	ots over \$50 (or listed above)	0	
ine 10: Total Recei	pts \$50 and under* (not listed above)	0	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← 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.

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 expendit	eport all expenditures. Please include your committee name and a page number on each page.)					
	To Whom Paid Data Paid (alphabatical listing) Address Propose of Expanditure					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
				Backet and the second s		
<u> </u>						
description of the second of t						
The second secon						
				Value		
			1			
		Line 12: Total Expenditures over	er \$50 (or listed above)	0		
		Line 13: Total Expenditures \$50	and under* (not listed above)	0		
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

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
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	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.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE	
e with: by or Town Clerk or Election Commission	
Please print or type all information, except signatures. 2011 SEP 2b P 3: 02	
Fill in dates: Reporting Period Beginning - Ending	
Type of report: (Check one) ☐8th day preceding election ☐30 day after election ☐year-end report ☐dissolution	n
· Paul R. Ferro Friends of Paul Ferro	
Full Name of Candidate (if applicable) Committee Name	
City correil - bard Two Christine Ferro	
Sirbaro St. Name of Committee Treasurer On Box 3	
Residential Address Committee Mailing Address	
marlboro, mx 01753 marlboro, mx 01752	
Tel. No. (optional) Tel. No. (optional)	
Line 1: Ending balance from previous report 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 District Color Color Color	
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 campair finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents campaign finance activity of all persons asting 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: 9-26-// Treasurer's signature (in ink) Date	
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	
	_

FOR CANDIDATE TEENINGS ONE I. (CANDI	DATE MOST 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 kno	wiedge 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	be 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 pe	eriod.
Candidate without Committee OR Candidate with independent activity filing separate repo	rt
I certify that I have examined this report including attached schedules and it is, to the best of my kno	wiedge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contrib	outions 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 a	coordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	
	9/25/11
2 112/12 1 mm	
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 themize 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)
	ree Attacked		
	,		
	•		
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		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	Occupation	Employer
2/20/11	Chanel	Prunier		Shrewsbury	MA	01545	\$50.00		
7/15/11	David	Carl		East Meadow	NY	11554	\$50.00		
8/8/11	Richard	Ferro	53 Edinboro St.	Marlborough	MA	01752	\$500.00	General Contractor	Self
8/8/11	Christine	Ferro	53 Edinboro St.	Marlborough	MA	01752	\$500.00	Retired	
8/8/11	Brandon	Beane		Miami Lakes	FL	33014	\$100.00		
8/8/11	Stacey	Clark		Shrewsbury	MA	01545	\$100.00		
8/8/11	James	Eltringham		Centreville	VA	20120	\$50.00		
8/9/11	Kris	Mineau		North Reading	MA	01864	\$100.00		
8/9/11	Charles	Baker	49 Monument Ave.	Swampscott	MA	01907	\$250.00	Investor	General Catalyet
8/14/11	Patrick	Johnson		Arlington	MA	02476	\$100.00		·
			Total Itemized				\$1,800.00		
			Total Un-Itemized				\$130.75		
			Total Reciepts				\$1,930.75		

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.

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	See	Attached		
•				
1				
	·			
		Line 12	2: Expenditures over \$50	
		Line 13	3: Expenditures \$50 and under*	
1	Enter on page 1, line 4		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
	Ryan Boehm Click and Pledge	30 Alden Ave #1 2200 Kraft Dr. Ste 1175	Revere Blacksburg		02151 24060	Website Design Fees	\$500.00 \$52.34
		Total Itemized					\$552.34
		Total Un-Itemized					\$146.88
		Total Expenditures					\$699.22

Date First Last Address City State Zip Amount Employer Use 8/25/112 Ryan Boehm 30 Alden Ave #1 Revere MA 02151 Website Design \$500 Website

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			
	see Athaches			
		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
10103	Pul R. Ferr	morphismet.	Caylors Four	250.00
1000	Paul R. Ferro	23 KD: u pour 21.	Condidate Lour	2500.00
	·			
			•	
		V. 10 OVERTANDING		2 2 2 2
<u> </u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	2,750.



KATHERINE HENNESSY

Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

2011 SEP. 26 A 11: 37

City or Town of:	Marchanosa
010, 01 10	10000

Please print or type all information, except signatures.								
Fill in dates: Reporting Period Beginning	Month	Day (e	Year Э⊃(l	Ending	Month 9	Day (Co	Year 2011	
Type of Report: (Check One) 8th day preceding preliminary/primary 8th day preceding election Town or Special) 1 20th day of January (Year-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
9/2d11		199 Stewers Ro.	School Committee
	*		



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE

Magachusetts		CITY OF MARLBOROUGH
ile with: ity or Town Clerk or Election Commission Pleas	e print or type all information, except signature	
Fill in dates: Reporting Period Beginning Septemb	Date Year Moning Sex	1
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th	day preceding election	n □year-end report □dissolution
Richard - Tenkins Full Name of Candidate (if applicately (owner) Ward Office Sought and District 19 Indian Lane Hark Residential Address 774-641-9955	Company Ann Marie Constant Con	mmittee Treasurer
	et. 140. (optional)	1 el. 140. (optional)
Line 1: Ending bal Line 2: Total receip Line 3: Subtotal (line 4: Total expending bal Line 5: Ending bal Line 6: Total in-kine	ance (line 3 minus line 4) d contributions this period (page 4) utstanding liabilities (page 4)	\$ \(\frac{\phi}{\sigma} \) \(\frac{\phi}{\
campaign finance activity, including all contribution and represents the campaign finance activity of all M.G.L. c. 55. Signature (in ink)	attached schedules and it is, to the best of my knowledgens, loans, receipts, expenditures, disbursements, in-kind copersons acting under the authority or on behalf of this conducted the penalties of perjury:	nontributions and liabilities for this reporting period committee in accordance with the requirements of Date
FOR CANDIL	DATE FILINGS ONLY: (CANDIDATE MUST SI	GN BELOW)
campaign finance activity, of all persons acting unhave not received any contributions, incurred any limited Candidate without Committee OR Candidate I certify that I have examined this report including campaign finance activity including contributions, and represents the campaign finance activity of all	attached schedules and it is, to the best of my knowledge nder the authority or on behalf of this committee in accor- abilities nor made any expenditures on my behalf during th	rdance with the requirements of M.G.L. c. 55. I is reporting period. 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	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
	(alphabetical listing required) Richard Tenkins - Loan 19 Indian Lane Harlbacust			T-JX
9/10/11	19 Indian Lane Harlbornsk	282	23	
11				

				,
			-	
Line 9:	Total receipts in excess of \$50 (or listed above)	202	20	
Line 10:	Total receipts \$50 and under* (not listed above)	282	83	
	TOTAL RECEIPTS IN THE PERIOD	282	0.6	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	unt
, ,		32008W 3046St		·	
9/10/11	Victory Store	Devenport, Iowa	Campaign Signs	282	23
	,				

		·			
		Line 12:	Expenditures over \$50	182	23
		Line 13:	Expenditures \$50 and under*		
Е	inter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	282	クコ

^{*}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
·				
		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
9/10/11	Richard-Tenkins	19 Indian have Harlboo, Ha	Loan to Committee	282.23
			·	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	282,23

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

Matthew E. Jones 152 Clinton Street Marlborough, MA 01752 RECEIVED CITY CLERK'S OFFICE CITY OF MARLEDROUGH

2012 OCT 24 A ID: 52

Ms. Lisa M. Thomas 140 Main Street Marlborough, MA 01752

October 24, 2012

Re: CPF M 102 for 8/1/11 to 9/16/11

Dear Ms. Thomas:

I am writing to let you know that \$2500 of contributions I made to my campaign in the above referenced time period was listed erroneously as a loan. That amount was actually a contribution and no re-payment is expected.

Very truly yours,

Matt Jones

Cc: Office of Campaign and Political Finance



Fill in Reporting Period dates:

Form CPF M 102: Campaign Finance Report

Municipal Form

Beginning Date:

File with City or Town Clerk or Election Commission

Municipal Form

Office of Campaign and Political Finance CITY CLERK'S OFFICE CITY OF MARLBOROUGH

Ending Date:

Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution					
8th day preceding preliminary 8th day preceding election 30 day as	fter election year-end report dissolution				
Mathew F. Jones Candidate Full Name (if applicable)	ittee to Elect Matthew Jones Committee Name				
Office Sought and District	Drang Tones Name of Committee Treasurer				
152 Clinton St. Residential Address	15 d Clinton 5 L. Committee Mailing Address				
Telephone Number (optional): Telephone N	lumber (optional):				
SUMMARY BALANCE INFOR	MATION:				
Line 1: Ending Balance from previous report	NA				
Line 2: Total receipts this period (page 3, line 11)	\$ 6,355.00				
Line 3: Subtotal (line 1 plus line 2)	\$ 6,355,00				
	≠ 3,63Q,77				
	\$ 2,722.23				
Line 6: Total in-kind contributions this period (page 6)	\$ 35,20				
Line 7: Total (all) outstanding liabilities (page 7)	— unknown (see pg.7)				
Line 8: Name of bank(s) used: Marthorough Sauli	ig/ Ballk				
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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:	(Treasurer's signature) Date: 9/35///				
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: 9/25/11				

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.

(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.)

Tepore and teorpiss a	Name and Residential Address		
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/9/11	Ahern, Jacque 169 Clinton Streets marlborough, MA 01752	\$100,00	
9 8 11	Bagley, Joan 16 Dennison Rd Worcester, MA 01609	\$100,00	
9/12/11	Bauer, Caroline & John	\$ 250,00	V.PCFO UNIO GEAV + Transmission Inc.
9/9/11	Cashman, Deun 315 warren street Needham, MA 01492	\$ 100.00	
- sy	[Og	Doy	
9/9/11	Crocker Rebecca 10 Summerland Way Woventon, MA 01609	\$ 100,00	
9/13/11	DeMary, John 1 Holbrock Lane Paxton, M4 01612	\$100.00	
925/11	Flynn, Joseph 153 Clinton Street Manboroagh, W+ 01752	\$125,00	
8/12/11	Glarryso, Frederick 17 Summerland Way Worksty MA 01609	\$100.00	Central MA Orthodontic Assoc,
9/9/11	61amusso, Frederick 17 summerland Way Workstor, MA 01609	\$100.00	
9/1/11	Giarrusso, Lisa 4 Coachman Ridge Rd Shrewsburg, MA	\$ 100,00	
9/9/11	Hall, kath Cen 14 Muir Way Maybongh, NA	\$ 100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	81,275,00	
Line 10: Total Receipts \$50 and under* (not listed above) \[\begin{aligned} \			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	5ee 1449 e # 2	← 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.

Committee	Name
-----------	------

Committee to	Flort	Matthe	W Jon	es

Page:

2

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 Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/9/11	Hickory Charles 69 Johansen Drive Manbornsh, ut	\$ 100.00	
9/10/11	Hill Tom 150 Simpson Rd Mariborash, MA	8,00,00	
8/3/11	Jones Mathew 152 (lintonstreet, Marcharash, 244	1,000.00	Loan from Candidate to
8/8/11	Jones, Mathew 152 Clinton street Manborash, Mt	×1,500,00	Loan from Candidate to
9/9/11	Landers, Donald By Crosby Road Judiborough, MI	8/00.00	
9/10/11	Porro, Danjel 12 Bennet Neck Drive Pocavet, MA 02559	8/00.00	
9/10/11	Price, Eleva 30 Winter Street Marlboragh, NA	300.00	Real Estato Broker - Caldwell Banker
9/12/11	Rassias, Timothy 119 Autum Circle Holden, MA 01520	\$100,00	
9/9/11	Sandford, Andrew 7 Mair way marbonryh, US	300,00	Viu President - Selexis SA
.8/24/11	Scheinfeldt, Valene 17 shandodan Drive Paxton, MA 01612	\$100,00	
99/11	skillings, Jonathan 17 Rolfe Road Mayborryh, Ut	\$100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$3,800,00	Line 9: page 1 - \$ 1,275.00
Line 10: Total Receipts \$50 and under* (not listed above) \$1, 280.00			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	86,355.00	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.)

	To Whom Paid	nittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9/4/11	Bolton Street Liquets	147 Bolton Street Mansoroush, MA	Labor Day Parade Campaign Cookovt	\$65,96
8/18/11	Cailanan, Carey	208 Main Street Mari Sorough, MA	Deposit for Jacob's Hall	£200,00
9/9/11	Callahan, Carey	208 Main street Marlxorogh, MA	Payment for: Balance dul-kilk of	\$650,00
9/13/11	Campaign Pros	campaign prov. com	Canypaign Yard Signs	8 362.90
8(3) 11	Cervini Signs	128 Bolton Street Marborwh, MA	Campaign Yard 87548	8442.20
9141	Price Chopper	Rt. 20 Manbororsh, MA	Refreshments for Meet + Greet	& 67.30
91411	Price Chopper	Rt.20 Marlbrash, NA	Refreshments for Labor Day Compaign Cook-out	\$188.69
8511	Thurber, Ed	73 Millham Street Marlbornoh, MA	Entry Fee Labor Day, Parade	\$250,00
8/26/11	United States Postal Service	Florence Heet Mulborosh, MA	Postage Stamp	73.00
9)10/11	United States Postal Service	Florence Street Manborogh, MA	Postage Stamps	70.00
9/13/11	Victory Store	Victory Store. Com	Campaisn Buttons and Door Hangers	× 281.00
8 19 11	Vista Printing	Vistapninting.com	Brochures, postcards, t-shirts	607.51
		Line 12: Total Expenditures ov	er \$50 (or listed above)	F3, 258,56
		Line 13: Total Expenditures \$50) and under* (not listed above)	\$266.60
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	gee Fage 2

^{*} 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

Comm	ittee	Name:

Consider to Floor Naubout Taxo		
COLUMN COLLA TO CALLE VARIATION OF LO	Jones)

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.

from committee re	om committee records, and reported on line 13.				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount	
9111	Vista Printing	Vistaprinting com	Campaign Portlands	8/07.61	
				Piles i de la companya de la company	
				A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	
Considerate and Considerate an					
The contract of the contract o					
				The state of the s	
		Line 12: Total Expenditures ove	,	107.61	
		Line 13: Total Expenditures \$50	and under* (not listed above)	\$3,632.77	
		Line 14: TOTAL EXPENDITU			

^{*} 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
7	Jones, Matthew	Marlboroshiust	Envelopes	* Ply
		Line 15: In-Kind Contributions	over \$50 (or listed above)	5-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$35,20
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	\$35,20

^{*} 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.

Page 6

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
9911	Country Side Monist	63 Maple street Marthonium, MA	Balloons for Kick-off Dinner	Unknown Bill not yet received
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

RECEIVED

remnouveelth Magachmotis	CITY OF MARLBOROUGH
ile with: City or Town Clerk or Election Commission Please print or type all information, except signatures.	2011 SEP 2b A & 1b
Fill in dates: Reporting Period Beginning 9 30 If Ending 9	Dete Year 2.2 //
Type of report: (Check one) ■8th day preceding preliminary □8th day preceding election □30 day after election	
City Councilor - Ward 7 Office Sought and District 84 Crosby Rd Mailboro MA 01752 84 Crosby Rd Mailboro MA 01752 84 Crosby Rd N	ttee Name S mittee Treasurer Anlboro MA 0:752 Failing Address
508 - 485 - 9141 Tel. No. (optional)	
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)	\$ -0- \$ 1200.69 \$ 1200.69 \$ 1200.69 \$ -0- \$ -0-
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge at campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and represents the campaign finance activity of all persons acting under the authority or on behalf of this comm. M.G.L. c. 55. Signed under the penalties of perjury:	ibutions and liabilities for this reporting period
Treasurer's signature (in ink) January January FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN	Date 9/25/10
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 an campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordant have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this received any contributions, incurred any liabilities nor made any expenditures on my behalf during this relativity that I have examined this report including attached schedules and it is, to the best of my knowledge an campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contribution and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	ad belief, a true and complete statement of al nee with the requirements of M.G.L. c. 55, eporting period. d belief, a true and complete statement of al utions 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	ach page. Name and Residential Address	Ame	ount	Occupation & Employer
Received				(for contributions of \$200 or more
				Retired School Administrator
9/20/11	Donald R. Landers 84 Crosby Rd, Marlhoro MA	1200	69	Self Employed
1/~//	J. S.	12100		*
				× .
		*		
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		-		
				<i>V</i>
		 	ļ	
			\vdash	
Line 9: 7	Total receipts in excess of \$50 (or listed above)			
		1200	69	
Line 10: 7	Total receipts \$50 and under* (not listed above)	-0		
	TOTAL RECEIPTS IN THE PERIOD	1200	10	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	unt
	(arphabetical listing)	160 Main St			Γ
1/2014	Maka Back Rick	Marihamma	120015:0016 of frances	692	51
72011	Metro West Printing	160 Mail St	Door hangers		7
1/22/11	Metro West Printing	Maribon MA	Down hangers	508	18
, ,	7	100000000000000000000000000000000000000	The state of the s		
		•			
					-
·				•	
					
	·				
					<u> </u>
		M-11			
		•			
				-	
				-	
	,				
		Line 12:	Expenditures over \$50	1200	69
		Line 13:	Expenditures \$50 and under*	-0-	
Е	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	1200	1,9

^{*}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
				And the second s
		and the second		
,	*	•	· · · · · · · · · · · · · · · · · · ·	
		Line 15:	In-kind over \$50	-0-
		Line 16:	In-kind \$50 and under	-0-
	Enter on page 1, line 6	Line 17	: Total In-kind	-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

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	Line 18: OUTSTANDING	LIABILITIES (ALL)	-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.

Page 4



Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

PORT RECEIVED

CITY CLERK'S OFFICE

CITY OF MARLBOROUGH

Heidi Matthews

2011 SEP 28 A 9 42

City or Town of:	Mar	barough	20000
	0		

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning	Month	Day 1 7	Year 2011	Ending	Month	Day 1 6	Year 2011
Type of Report: (Check One 8th day preceding preliminary/primary		preceding election		30th day follov (Town or Speci	_		Oth day of January ear-End Report)
Pursuant to M.G.L., Chapter	55:						a.

- 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.

I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
Mors	28 Dean Rd. Mar Horo	School Committee
ж		
	3	· .
	1	×
	1	,
,		
		Signed under the penalties of perjury (Street and Number) Street and Number) Street and Number)



Candidate/signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campa	ign and Political Finance
m.moowealth Massachusetts	RECEIVED CITY CLERK'S OFFICE
ile with:	CITY OF MARLBOROUGH
ity or Town Clerk or Election Commission Please print or type all i	information, except signatures.
	Year Month Date Year 201 Ending 10 10 2011
Type of report: (Check one) ■ 8th day preceding preliminary □ 8th day preceding elect	tion 30 day after election Dyear-end report Ddissolution
James MOCSO	Committee to Elect J'm Mosseman
Full Name of Candidate (if applicable)	Committee Name
mayor man Borough	Ed Marcheterre
Office Sought and District 100 Phelic Street #10	Name of Committee Treasurer
Residential Address	Committee Mailing Address
mar/Borouch, mA 01752	marlsorrugh my 01752
Tel. No. (optional)	Tel. No. (optional)
	d (page 2, line 11) \$ \$ 1, 200.00 \$ \$ 1, 200.00 period (page 3, line 14) \$ 1,076.32 as line 4) \$ \$ 1,21.78
campaign finance activity, including all contributions, loans, receipts, exper	it is, to the best of my knowledge and belief, a true and complete statement of all inditures, disbursements, in-kind contributions and liabilities for this reporting period he authority or on behalf of this committee in accordance with the requirements of a of perjury:
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any examined campaign finance activity, including contributions, loans, receipts, expendit	it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period. The filing separate report it is, to the best of my knowledge and belief, a true and complete statement of all itures, disbursements, in-kind contributions and liabilities for this reporting period it is authority or on behalf of this committee in accordance with the requirements of

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.

number on e		A	4	Occuration of Earth	
Date	Name and Residential Address	Amo	unt		
Received	(alphabetical listing required)		Т	(for contributions of \$200 or more)	
1 month	George Larassa-manison ma in Late et. Shirley mosso. Hudson, MA is white terr Cinny Dunger-marisory, ma megan Beets	4	_		
1/10/	George Larassa- Maribon MA	300		auto Republi	
المحاب	1 Lake et.			1	
disolu	Shirley Mosso. Hudson, MA	900		Retired	
1.1.	15 white Terr			1	
8/11/	Ciny Dunder- marinory, my	500		Retired.	
مالما				×	
C12 111	megan Beets	200			
	·				
		s.			
	•				
				·	
			4		
				\$	
	·				
·					
Line 9:	Total receipts in excess of \$50 (or listed above)	A'		Larry to the same and the same	
	(0)	44200			
Line 10:	Total receipts \$50 and under* (not listed above)	X	$\overline{}$		
		\$ 2.		Enter on page 1, line 2	
Aine II.	O ABOUT TO IN THE I ENIOD	41,500		Effect on page 1, into 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

Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Expend		nditure Amou	
dila	metrowest	160 Main ST mariboro ma	Post cards	¢ 133	83
2/2/11	•	Florance ST manisoro, MA	Postage	\$ 220	00
aliulu	POST OFFICE metrowest printing	mariboro, ma	Postage Signs	₹ 724	39
		·			
·		,			
,					
					• • • • • • • • • • • • • • • • • • •
		Line 12:	Expenditures over \$50	£1,678	ე _≯
r	nter on page 1, line 4		Expenditures \$50 and under* TOTAL EXPENDITURES	X	

^{*}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
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	\searrow

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		1 8

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



M.G.L. c. 55

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance RECEIVED

CITY CLERK'S OFFICE

OF MARI BOROUGH

4 MEASSACHINGOUS			CHY	Ur MAKLD	OKOOdii	
File with: City or Town Clerk	or Election Commission Please pri	int or type all inform	nation, excep() gr	Miles F	¥ 50	
Fill in dates Reporting Pe	eriod Beginning Jan	Date Year 1 201	Ending_	Month Sept	3%	2011
	ort: (Check one)	preceding election	□30 day after el	ection 🗆 y	ear-end repo	ort []dissolution
F	Office Sought and District Upland RJ Residential Address Residential Address Residential Address Residential Address Residential Address		66 Ward Holden	Committee N of Committee of Committee mittee Mailin MH 29. 914	Road RAddress	15 20 No. (optional)
	SUMMA Line 1: Ending balanc Line 2: Total receipts Line 3: Subtotal (line 1 p Line 4: Total expendit Line 5: Ending balanc Line 6: Total in-kind co Line 7: Total (all) outsta Line 8: Name of bank(s)	this period (pa dus line 2) ures this peri e (line 3 minus line entributions thi	od (page 3, line 4) s period (page es (page 4)	\$ \$ \$ 14) \$ \$	10-	8C 3S 52 83
I certify that I he campaign finance	Illian them	ns, receipts, expenditures	s, disbursements, in-k prity or on behalf of	ind contribution	as and liabilitie	s for this reporting perio
	FOR CANDIDATE	FILINGS ONLY:	(CANDIDATE MU	ST SIGN BEL	ow)	
☐ Candidate w I certify that I h campaign financ have not receive ☐ Candidate w I certify that I h campaign finance	andidate: (check 1 box only) with Committee and no activity independ have examined this report including attach ce activity, of all persons acting under the d any contributions, incurred any liabilities without Committee OR Candidate with in have examined this report including attach ce activity, including contributions, loans, the campaign finance activity of all person	lent of the committee ed schedules and it is, to e authority or on behalf s nor made any expendin adependent activity fills ed schedules and it is, to receipts, expenditures,	o the best of my know of this committee in ures on my behalf dur ag separate report to the best of my know disbursements, in-kin	wledge and belice accordance with this reporting this reporting the contributions.	ef, a true and of the the requirement of period.	complete statement of all for this reporting period

Signed under the penalties of perjury:

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			ount	Occupation & Employer (for contributions of \$200 or more)
8 > 3 - 9 10 11	Mark A. Oram 108 Upland Rd Marlborough	377	752	Logns to Campaign
	·			
	•			
			4.	
				÷
Line 9:	Total receipts in excess of \$50 (or listed above)	3>7	52	
	Fotal receipts \$50 and under* (not listed above)		33	
Line 11: TOTAL RECEIPTS IN THE PERIOD			85-	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

8/27/11 °	City of Marlborous Staples In	Mari barang h		250	00
9/10/11	Staples In				1
aliolu	Staples In	An luna			
	· · · · · · · · · · · · · · · · · · ·	- purchase	Compaign Cards/ Calenders	77	25
	·.				
			·		
·					
		,			
7					
		Line 12:	Expenditures over \$50	307	52
	iter on page 1, line 4		Expenditures \$50 and under* :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

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
	`			
	`			
,				And the second s
				·
		Line 15:	In-kind over \$50	
	·	Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	10

^{*} 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
1/1/97 -12/31/10	Mark A. Oram	108 Upland Rd Mariborough MA	Loans to Campaigns	10071.06
8/23-9/10 2011	it in	11 11	11 11	307.52
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	10398, 58

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



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

Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE

CITY OF MARLBOROUGH File with: 2011 SEP 26 A 8 24 Please print or type all information, except signatures. City or Town Clerk or Election Commission Fill in dates: Date Year Month 16 2011 SERT 2011 JAN Ending Reporting Period Beginning Type of report: (Check one) ☐8th day preceding election ☐30 day after election ☐year-end report 8th day preceding preliminary Committee Name Full Name of Candidate (if applicable) uscilor at Office Sought and District Name of Committee Treasurer Residential Address Committee Mailing Address Tel. No. (optional) Tel. No. (optional) 508-481-6189 **SUMMARY BALANCE INFORMATION:** Line 1: Ending balance from previous report 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 CAUTRAL ONE FEDERA CREDIT 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 Signed under the penalties of perjury: 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 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

Signed under the penalties of perjury:

Candidate signature (in ink)

M.G.L. c. 55.

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)	Amou	ınt	Occupation & Employer (for contributions of \$200 or more)
	N/A			
			-	
		·		
				,
Line 9: To	tal receipts in excess of \$50 (or listed above)			
Line 10: To	tal receipts \$50 and under* (not listed above)			
Line 11: TC	OTAL RECEIPTS IN THE PERIOD	1		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	NA			
	, .			
				ŕ
	·	Line 12:	Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
Е	Enter on page 1, line 4 Line 14: TOTAL EXPENDITURES			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 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
	NA			
				The state of the s
		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)	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.

Page 4



Signed under the penalties of perjury

Form CPF M 102: Campaign Finance Report

Municipal Form RECEIVED

Office of Campaign and Political Finance CITY OF MARLEDROUGH

2011 SEP 2h P & 2h

Pile with: Pity or Town Clerk or Election Commission	9/25/201:
Reporting Period - Beginning: 1/1/2011	Ending: 9/16/2011
Type of report: Pre-primary	
Patricia A. Pope	The Committee To Elect Patricia A. Pope
Full Name of Candidate	Committee Name
Councilor At Large	Kathryn M. Bagley
Office Sought/ District	Name of Committee Treasurer
114 Houde Street	15 Dickenson Way
Marlborough, MA 01752	Marlborough, MA 01752
Residential Address	Committee Address
	CE INFORMATION
Ending Balance from previous r	-
Total receipts this period:	\$0.00
Subtotal:	\$707.75
Total expenditures this period	
Ending Balance:	\$551.48
Total in-kind contributions th	is period: \$0.00
Total outstanding liabilities:	\$1,740.00
Name of bank(s) used: St Ma	ry's Credit Union
Affidavit of Committee Treasurer: I certify that I have examined this report, including attact belief, a true and complete statement of all campaign financ expenditures, disbursements, in-kind contributions and liable finance activity of all persons acting under the authority of requirements of M.G.L. c. 55. Signed under the penalties of perjury:	ce activity including all contributions, loans, receipts, ilities for this reporting period and represents the campaign
Laster Roaling	0/2/11
Treasurer's signature (in ick)	Date
Affidavit of Candidate (check 1 box only) :	
Candidate with Committee and no activity independ I certify that I have examined this report, and attached sch	nedules and it is, to the best of my knowledge and belief, a y, of all persons acting under the authority or on behalf of . c. 55. I have not received any contributions, incurred
Candidate without Committee OR candidate with income of certify that I have examined this report and attached sche a true and complete statement of all campaign finance activities disbursements, in-kind contributions and liabilities for this finance activity of all persons acting under the authority of requirements of M.G.L. c. 55. Signed under the panalties of perjury:	dependent activity filing separate report. edules and it is, to the best of my knowledge and belief, ity including contributions, loans, receipts, expenditures, is reporting period and represents the campaign

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
	ized Receipts emized Receipts ipts	\$0.00 \$0.00 \$0.00	

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
9/13/2011	Lepetite Studios 167 East Main Street Northborough, MA 01532	\$75.00	Campaign Photographs
9/13/2011	Vista Print	\$81.27	Campaign Event
Total Itomi	zed Expenditures	\$156.27	
	emized Expenditures	\$0.00	
Total Expen	***	\$156.27	

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	mized In-kind Contributions	\$0.00	
Total Uni	temized In-kind Contributions	\$0.00	
Total In-	cind 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 CITY CLERK'S OFFICE CITY OF MARLBOROUGH

of Massachusetts	File with: Colly or Fown Clerk or Election Confinission				
Fill in Reporting Period dates: Beginning Date: 1/41	/2011 Ending Date: 9/16/2011				
Type of Report: (Check one)	30 day after election year-end report dissolution				
Kathleen D Robey	Katie Robey Committee				
Candidate Full Name (if applicable)	Committee Name				
Councilor At-Large, City Council, City of Marlborough	Eric Baur				
Office Sought and District	Name of Committee Treasurer				
97 Hudson St, Marlborough MA 01752	97 Hudson St, Marlborough MA 01752				
Residential Address	Committee Mailing Address				
Telephone Number (optional): 5084608484	Telephone Number (optional): 5087400583				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	0.00				
Line 2: Total receipts this period (page 3, line 11)	4715.29				
Line 3: Subtotal (line 1 plus line 2)	4715.29				
Line 4: Total expenditures this period (page 5, lin	ne 14) 3759.48				
Line 5: Ending Balance (line 3 minus line 4)	955.81				
Line 6: Total in-kind contributions this period (pa	o.00				
Line 7: Total (all) outstanding liabilities (page 7)	3387.86				
Line 8: Name of bank(s) used: Digital Federal Cred	lit Union, 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: 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.					
igned under the penalties of perjury: Kalkleyn Robert (Candidate's signature) Date: 9/25/2011					

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	Amanut	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
9/8/11	Arthur Bergeron 54 Shea Dr. Marlborough MA 01752	100	
9/2/11	Joseph Bisol 212 Hudson St Marlborough MA 01752	100	
9/2/11	Michelle Bodin-Hettinger 279 Robert Rd. Marlborough MA 01752	100	
8/26/11	Joanne Bonin 64 Country Lane Marlborough MA 01752	250	retired
8/22/11	Fred Brewitt 299 Sudbury St. Marlborough MA 01752	100	
9/15/11	Kristen Cappello 29 Beverly Dr. Marlborough MA 01752	100	
9/2/11	Margaret Dwyer 33 Spoonhill Dr. Marlborough MA 01752	75	
8/26/11	Carol Farese 167 Prospect St. Marlborough MA 01752	100	
9/2/2011	Joan Gregoire 39 Country Lane Marlborough MA 01752	100	
8/26/11	James Higgins 20 Lammare Dr. Marlborough MA 01752	100	
9/2/11	Richard Holland 666 Brigham St. Marlborough MA 01752	75	
9/15/11	Janice Hynes 49 Danjou Dr. Marlborough MA 01752	100	
Line 9: Total Rece	ripts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
ine 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/26/2011	Francis Kane 41 Kane Dr. Marlborough MA 01752	100.00	
9/2/2011	Robert Kays 520 Lincoln St. Marlborough MA 01752	100.00	
9/8/2011	Michael Kennedy 80 Cameron Dr. Marlborough MA 01752	100.00	
9/8/2011	David Kennedy 9 Lancaster Rd. Northborough MA 01752	200.00	Manager Kennedy's Market
8/11/2011	Glenn Koocher 11 Harrington Road Cambridge, MA 02140	200.00	Executive Director Massachusetts Associations of School Committees
8/22/2011	Kelly Margolis 256 Stearns Rd. Marlborough MA 01752	75.00	
9/2/2011	Christine Randall 243 Desimone Dr. Marlborough MA 01752	75.00	
5/23/2011	Kathleen Robey 97 Hudson St Marlborough MA 01752	250.00 (loan)	
8/1/2011	Kathleen Robey 97 Hudson St Marlborough MA 01752	50.00 (loan)	
8/15/2011	Kathleen Robey 97 Hudson St Marlborough MA 01752	1620.00 (loan)	
9/2/2011	LuAnn Thomas 108 Stearns Rd. Marlborough MA 01752	75.00	
9/2/2011	Joseph Valarioti 25 Boundary St. Marlborough MA 01752	75.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	4220.00	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	495.29	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	4715.29	← 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	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
9/12/11	Embassy Suites	123 Boston Post Road West Marlborough, MA 01752	Suite Rental/Catering	915.74		
9/6/11	IParty	100 Boston TurnPike White City East Shrewsbury MA 01545	Decorations/Helium Rental	124.90		
9/3/11	Kathleen Robey	97 Hudson St Marlborough MA 01752	Repayment on loan to campaign	500.00		
8/31/11	City of Marlborough	140 Main Street Marlborough, MA 01752	Entry Fee, Labor Day Parade	250.00		
8/17/11	QuikPrint	216 Boston Road Southborough, MA 01772	Printing - Donation Envelopes	300.00		
8/29/11	Staples	500 Staples Drive Framingham, MA 01702	Printing - Flyers	80.30		
8/17/11	YourLogoWorks (RunAndWin)	P.O. Box 2096 Aiken, SC 29802	Campaign Signs, Buttons, Balloons	1484.25		
		Line 12: Total Expenditures o	ver \$50 (or listed above)	3655.19		
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	104.29		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	3759.48		

^{*} 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 B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Transmission de la constitución				-
disconnection of the control of the				
And the second s				
The state of the s				
1				·
				A CONTRACTOR OF THE CONTRACTOR
And the second s				
		Line 12: Expenditures over \$50	U (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	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
				P-y-24 (100 to 100 to 1
		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 CO	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.

Page 6

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 Marlborough 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)
	Enter on page 1, line 7	→ Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	3387.86



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED

onmonwealth Massochusetts	CITY CLERK'S OFFICE CITY OF MARLBOROUGH
ile with: ity or Town Clerk or Election Commission Please print or type all in	nformation, except signature [] SEP 2b P 3:07
Fill in dates: Reporting Period Beginning Month Date - 2	Ending Posts Your
Type of report: (Check one) ■8th day preceding preliminary □8th day preceding election	ion 30 day after election year-end report dissolution
Full Name of Candidate (if applicable) Wird 5 City Councilor Office Sought and District 17 Kenney Lane Residential Address	Committee to Flect Robert Seyund Christing Seymour Name of Committee Treasurer 17 Kenney Long Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pro Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	\$\frac{1}{3\ldots\frac{1}{23\ldots\frac{1}{25\ldots\frac{1}{23\ldots\frac{1}{25\ldots\frac\
campaign finance activity, including all contributions, loans, receipts, expen-	it is, to the best of my knowledge and belief, a true and complete statement of all ditures, disbursements, in-kind contributions and liabilities for this reporting period e authority or on behalf of this committee in accordance with the requirements of of perjury:
FOR CANDIDATE FILINGS ON	VLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on thave not received any contributions, incurred any liabilities nor made any explications are considered as a contribution of the contribution of the contributions of	it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I penditures on my behalf during this reporting period.

Signed under the penalties of perjury:

Candidate signature (in ink)

M.G.L. c. 55.

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)
			`
	1		·
I in a contract of			
	al receipts in excess of \$50 (or listed above) al receipts \$50 and under* (not listed above)		
	TAL 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 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
8/5/11	Robert Seymon	SAME	Reimbursement For purchase	100	_
	-		of items for 9/11 Memorral		
			Cevour ony,		
	,		Payment authorize	Q.	
			J		
glidu	Office Max	Boston Post Rd Marlborough	Programs for	40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Marlborough			
		·	·		
					·
		Line 12: 1	Expenditures over \$50	100	* ************************************
		Line 13: 1	Expenditures \$50 and under*	40	3.455
Е	inter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	140	ALCOHOL:

^{*}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
,				
		<u> </u>		
	1	II 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	

^{*} 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
		/		
		1 11/1	,	
		1		
			and the second seco	
	Enter on page 1, line 7	Line 18: OUTSTANDING LIA	ABILITIES (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



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

File with: City or Town Clerk or Election Commission Please print or type all information,	RECEIVED RECEIVED CITY CLERK'S UFFICE RECEIVED R
Fill in dates: Reporting Period Beginning / / 20/1	Ending 9 6 2011
Type of report: (Check one) ☑8th day preceding preliminary ☐8th day preceding election ☐30	day after election
Full Name of Candidate (if applicable) WALD 3 CITY COLUCILUL Office Sought and District 28 SAND, UIND Residential Address	Committee Name LY AND STETA Name of Committee Treasurer ANDIAL AD Committee Mailing Address SIMULA MA SULY 4605 Tel. No. (optional)
SUMMARY BALANCE IN Line 1: Ending balance from previous at Line 2: Total receipts this period (page 2, Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this per Line 7: Total (all) outstanding liabilities (line 8: Name of bank(s) used MALOSA	report \$ //6.02 line 11) \$ 570.00 \$ 686.02 page 3, line 14) \$ 262.67 \$ 423.35 eriod (page 4) \$
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the campaign finance activity, including all contributions, loans, receipts, expenditures, disbt and represents the campaign finance activity of all persons acting under the authority of M.G.L. c. 55. Signid under the penalties of perjury: Treasurer's signature (in ink)	ursements, in-kind contributions and liabilities for this reporting period r on behalf of this committee in accordance with the requirements of
FOR CANDIDATE FILINGS ONLY: (CAN	NDIDATE 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 becampaign finance activity, of all persons acting under the authority or on behalf of the have not received any contributions, incurred any liabilities nor made any expenditures of Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the becampaign finance activity, including contributions, loans, receipts, expenditures, disburs and represents the campaign finance activity of all persons acting under the authority of M.G.L. c. 55. Signed under the penalties of perjur	is committee in accordance with the requirements of M.G.L. c. 55. In my behalf during this reporting period. arate report best of my knowledge and belief, a true and complete statement of all sements, in-kind contributions and liabilities for this reporting period or on behalf of this committee in accordance with the requirements of
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	ount	Occupation & Employer (for contributions of \$200 or more)
	CEDDIE I AUG-THE /SUIN ROMANECT			PRESIDENT & CEO
1/3/2011	346 Bribitm ST, MARIBURGH, MA	250	03	TRINITY CONSYLTING, INC.
1/2/2011	MATTHOW STERM 1109 How MOST-, OMAIHA, NE	250	w	CASE MALAGON LAW OFFICE IF THURS THEEL
	,			
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)	70	00	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	570	00	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
9/5/11	PICTURE DEVOLE	SOLUMUN PUND MANLBONN, MA	DIGITME PHOTOS	159	38
9/5/11 9/5/1	ULINE	LAKESIDE DAIVE WAUKE US. IC	DOOR 12-03 CLEM BOOS	37	65
9/9/4	GODADY.Com		WASSITE	60	64
	,				
		,			
· ·					
		Line 12:	Expenditures over \$50	257	67
			Expenditures \$50 and under*	5	00
I	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	262	67

^{*}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
,	,			
		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
Mious	GEVLLE STEAD	28 500001 MD MARIBONOUCH, MA	LON	632.73
VMion	GUNNUS STAN	28 SANGNI AD MARCHAMER, MA	LOAS	1129.08
VM(out	GFOLUS STERN	MARCHTURE MAN	Loss	320.72
موید ۷/۱۸۱۰	Growle Stand	MANDAONICE INA	cos	257.67
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	2340.00

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



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CITY OF MARLBOROUGH

Li	4	W	t h	

City or Town Clerk or Election Commission

Candidate signature (in ink)

Please print or type all information, except signatures.

2011 SEP 22 P 1: 28

Thease print of type air information, except signatures.
Fill in dates: Reporting Period Beginning Month Date Year Ending 5-ept Month Date Year Lack Year And 16 2011
Type of report: (Check one) ■8th day preceding preliminary □8th day preceding election □30 day after election □year-end report □dissolution
Robert J. Junnera Full Name of Candidate (if applicable) Councilor Ward 4 Office Sought and District 23 Sumner St Residential Address Marlboro MA S08-414-0838 Tel. No. (optional) Committee to Flect Robert J. Junnera Committee Name Joseph A. Junnera Name of Committee Treasurer 46 Richard Rd Committee Mailing Address Marlboro MA 01752 Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report 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. 55. Signed under the penalties of perjury: 9-22-201 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 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 Signed under the penalties of perjury:

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)
				4
			-	
·				
·				
	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11: 7	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.

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
2-28-11	Marlboro Savings Book	Granger Blud Morlbor	Bank Service Charge	5	α
			7		
					-
					·
			. •		•
•					
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Expenditures over \$50		
.	7		Expenditures \$50 and under	5_	00
	Enter on page 1, line 4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TOTAL EXPENDITURES	5	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
-				
			In-kind over \$50	
	Enter on page 1, line 6		In-kind \$50 and under : Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	•			•
		•		
-			•	
`				
	Enter on page 1, line 7	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



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

mmonwealth Massachusetts	RECEIVED
le with: ity or Town Clerk or Election Commission Please print or type all info	CITY CLERK'S OFFICE OF MARLBOROUGH
Fill in dates: Reporting Period Beginning 0/ -0/ - /	2011 SEP 22 ₽ 2: 47
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n □30 day after election □year-end report □dissolution
SOSEPHA VALARIOTI Full Name of Candidate (if applicable) ASSABET VALLEY RECTECH HICKEROLU	Committee Name
Office Sought and District 25 Ec UNDARY ST Residential Address	Name of Committee Treasurer Committee Mailing Address
508-485-0143 Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus) Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabile Line 8: Name of bank(s) used	(page 2, line 11) \$
I certify that I have examined this report including attached schedules and it campaign finance activity, including all contributions, loans, receipts, expend	t is, to the best of my knowledge and belief, a true and complete statement of all itures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of of perjury:
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on b have not received any contributions, incurred any liabilities nor made any exp Candidate without Committee OR Candidate with independent activit I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditu	t is, to the best of my knowledge and belief, a true and complete statement of all the relation of this committee in accordance with the requirements of M.G.L. c. 55. I penditures on my behalf during this reporting period. The relation of this report is, to the best of my knowledge and belief, a true and complete statement of all the relation of the reporting period authority or on behalf of this committee in accordance with the requirements of

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)
	•		
		· ·	
-			
	Total receipts in excess of \$50 (or listed above)		
	Total receipts \$50 and under* (not listed above) 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.

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.

umber on each Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			`	
				*
	·			
		Line 12: I	Expenditures over \$50	
		Line 13: I	Expenditures \$50 and under*	
E	nter on page 1, line 4	Line 14:7	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.

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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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		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
	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.

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Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal FormCITY CLERK'S70FFICE

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Reporting Period - Beginning: 1/1/2011 Ending: 9/16/2011

Type of report: Pre-primary

Arthur G. Vigeant

Committee to Elect Arthur G. Vigeant

Committee Name

Full Name of Candidate

Mavor

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

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$10,145.40
Total receipts this period:	\$23,748.23
Subtotal:	\$33,893.63
Total expenditures this period:	\$8,157.57
Ending Balance:	\$25,736.06
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$12,037.20
Name of bank(s) used: Peoples United Bank	

Peoples United 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, 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 periusy:

s signarare

Date

Affidavit of Candidate (check 1 box only) :

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, dishursements, 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 G.L. c. 55.

Signed under the penalties of parture.

10-17-14

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
6/1/2011	Adams, John 22 Dufour Drive Marlborough, MA 01752	\$100.00	
6/16/2011	Bakacs, Nancy 126 Ford Road Sudbury, MA 01776	\$500.00	V P Systems TJX
6/10/2011	Bannon, Elizabeth 24 Whispering Brook Rd. Marlborough, MA 01752	\$100.00	
6/1/2011	Barry, James 35 Jackson Circle Marlborough, MA 01752	\$500.00	Vice-President Boston Scientific Corp
1/21/2011	Bates, Cynthia 13 Powder Mill Road Southwick, MA 01077	\$200.00	Computer Professional Tracker Systems, Inc.
6/3/2011	Belmore, Ralph 124 Kosmas Street Marlborough, MA 01752	\$100.00	
9/9/2011	BENEDETTO, Paul 293 MILLHAM STREET Marlboro, MA 01752	\$100.00	CERTIFIED PUBLIC ACCOU SELF
6/3/2011	BERGERON, Arthur 54 SHEA DRIVE Marlborough, MA 01752	\$500.00	ATTORNEY Mirick O'Connell
6/3/2011	Bisol, Joseph 212 Hudson St Marlborough, MA 01752	\$100.00	Accounting Supervisor Letter Sent
9/9/2011	Bisol, Joseph 212 Hudson St Marlborough, MA 01752	\$100.00	Accounting Supervisor Letter Sent

ť	Date,	Name and Residential Address	Amount	Occupation and Employer
	6/1/2011	BONIN, Walter 64 COUNTRY LANE Marlborough, MA 01752	\$100.00	FINANCIAL ADVISOR SELF
	6/1/2011	BOULE, Gerard 46 E. DUDLEY STREET Marlborough, MA 01752	\$100.00	
	9/9/2011	BOULE, Gerard 46 E. DUDLEY STREET Marlborough, MA 01752	\$50.00	
	8/11/2011	BREAZZANO, David 193 DUTTON ROAD Sudbury, MA 01776	\$150.00	Investments DDJ Capital MANAGEMENT
	6/16/2011	Brennan, Maureen 191 Bolton Street Marlborough, MA 01752	\$100.00	
	9/9/2011	Brodeur, Alan 15 Forbes Ave. Marlborough, MA 01752	\$100.00	Owner Al Brodeur's Auto Body
	6/1/2011	Brodeur, Alan 15 Forbes Ave. Marlborough, MA 01752	\$200.00	Owner Al Brodeur's Auto Body
	6/1/2011	Brown, Kenneth 89 Hamilton Circle Marlborough, MA 01752	\$100.00	
	6/3/2011	Burdan, Roman 26 Elderwood Drive Stoughton, MA 02072	\$500.00	letter sent Manager letter sent ST Marys of French Hill Development, LLC
	6/3/2011	Burdan, Stanislav 69 Lowell Avenue Newton, MA 02460	\$100.00	Business Owner ST MARY'S OF FRENCH HI
	6/1/2011	CARNEY, Paul 1 lilac lane Hudson, MA 01749	\$100.00	CONSULTANT SELF
	6/10/2011	CONNOLLY, Joseph 74 MAIN STREET Marlborough, MA 01752	\$100.00	LAWYER SELF EMPLOYED

	Name and Residential Address	Amount	Occupation and Employer
- V ↓ - (- (
6/3/2011	CONNORS, Robert 56 water street WESTBORO, MA 01581	\$250.00	REAL ESTATE MANAGEMENT SELF Robert Connovs
6/1/2011	Crowley, Frank A III 20 Rowes Wharf Ph 9 Boston, MA 02110	\$500.00	CEO Ken's Foods, Inc.
6/30/2011	Curley, William Jr. 982 Boston Post Road East Marlboro, MA 01752	\$100.00	
3/25/2011	DEPIETRI, William 259 TURNPIKE ROAD SUITE 100 Southborough, MA 01772	\$100.00	DEVELOPER SELF
6/1/2011	DERECH, Carole 68 CHANDLER STREET Marlborough, MA 01752	\$100.00	Sales Insight
6/30/2011	Downey Jr., William J. 1011 Concord Road Marlboro, MA 01752	\$100.00	
6/3/2011	Evangelous, Anthony 175 Broad St Apt 1 Marlborough, MA 01752	\$100.00	
9/9/2011	Ferrecchia, Scott 82 Paquin Drive Marlborough, MA 01752	\$100.00	
1/21/2011	Ferro, Jr, Joseph 139 Lakeside Avenue Marlborough, MA 01752	\$150.00	Resturant Owner Self
6/16/2011	Ferro, Jr, Joseph 139 Lakeside Avenue Marlborough, MA 01752	\$300.00	Resturant Owner Self AllORA Ristrante
6/3/2011	Frias, Lizett 10 Courtland Drive Hudson, MA 01749	\$100.00	
6/1/2011	Frizzell, John E. 58 John Gilbert Road West Brookfield, MA 01585	\$200.00	Campground/ Site Contr SELF

Date,	Name and Residential Address	Amount	Occupation and Employer
6/1/2011	Gabrielli, Albert & Nancy 45 Hamilton Circle Marlboro, MA 01752	\$100.00	
6/30/2011	Gebo, Michelle 89 Maple Lane Northborough, MA 01532	\$150.00	
8/11/2011	GERSH, Stephen 9 MONUMENT AVENUE Marlboro, MA 01752	\$100.00	
6/3/2011	Giroux, James 8 Naugler Ave Marlborough, MA 01752	\$150.00	
9/9/2011	Giroux, James 8 Naugler Ave Marlborough, MA 01752	\$75.00	
6/3/2011	GRENIER, Robert 7 DANFORTH DRIVE Northboro, MA 01532	\$100.00	AUTO SALES
9/9/2011	Gustafson, Robert 58 Kelleher St Marlborough, MA 01752	\$150.00	
6/1/2011	Gutierrez Jr, Arthur 8 Claridge Dr Weston, MA 02493	\$250.00	Real Estate Developer Gutierrez Company
6/10/2011	HARGRAVE, Alfred 19 POWERLINE ROAD Grafton, MA 01519	\$100.00	C P A SELF
6/3/2011	HARPIN, George 548 Stow Road Marlborough, MA 01752	\$500.00	Contractor Self George Harpin
6/10/2011	HARPIN, George W 4 Bumpus Road Plymouth, MA 02360	\$200.00 S	George Harpin Retired Pine Hills LLC
6/3/2011	Higgins, James 20 Lamarre Drive Marlboro, MA 01752	\$100.00	

Date.	Name and Residential Address	Amount	Occupation and Employer
6/3/2011	Hogan, James 86 Maplewood Ave Marlborough, MA 01752	\$100.00	
6/3/2011	HOGAN, Michael 33 SPOONHILL AVENUE Marlborough, MA 01752	\$250.00	President & CEO A D Makepeace Co
6/3/2011	Holland, Richard 666 Brigham Street Marlborough, MA 01752	\$100.00	Owner Holland Woodworking, I
6/1/2011	Hughes, Colleen M. 70 Village Drive Marlborough, MA 01752	\$100.00	
6/3/2011	Kays, Robert 520 Lincoln St Marlborough, MA 01752	\$500.00	Owner Prospector Saloon
6/3/2011	Krikorian, Edward 30 Rogers Ave Marlborough, MA 01752	\$100.00	
6/1/2011	Lacroix, Richard 308 Brigham St Marlborough, MA 01752	\$100.00	
6/3/2011	LANDERS, Donald 84 CROSBY ROAD Marlborough, MA 01752	\$100.00	
6/3/2011	LANGELIER, Peter 191 CHURCH STREET MARLBOROUGH, MA 01752	\$100.00	
6/24/2011	Loureiro, John 7 Juniper Road Hudson, MA 01749	\$250.00	Owner Juniper Farms
1/21/2011	Loureiro, John 7 Juniper Road Hudson, MA 01749	\$250.00	Owner Juniper Farms
6/3/2011	Lucier, Richard 62 Brigham Avenue Marlborough, MA 01752	\$100.00	

Date,	Name and Residential Address	Amount	Occupation and Employer
,			
6/3/2011	Magoon, Charlene Tagan 8 Lawerence St. Ext. Concord, NH 03301	\$100.00	1
1/21/2011	Malloy, Kevin 41 Clovelly Road Wellesley, MA 02481	\$250.00	Property Manager HILL Sent Co.
6/1/2011	Martel, Norman 116 Nashoba Drive Marlborough, MA 01752	\$100.00	Lincoln Property
6/10/2011	Mauro, Patrick 130a Cook Lane Marlborough, MA 01752	\$200.00	Contractor Self > GMS, Inc.
8/11/2011	McCARTHY, Daniel 14 PINECONE LANE Southborough, MA 01772	\$100.00	C P A SELF
6/3/2011	MOINEAU, Joseph 58 E. DUDLEY STREET Marlborough, MA 01752	\$100.00	MANUFACTURER AUTOMATIC SPECIALTIES,
6/10/2011	Morticelli, David 73 Brimsmead St Marlborough, MA 01752	\$100.00	
6/3/2011	Murphy, Brian 34 Alan Road Marlborough, MA 01752	\$500.00	Energy Consultant Colonial Power Group,
6/16/2011	NAHIGIAN, Harold 23 Highland Street Cambridge, MA 02138	\$500.00	R/E DEVELOPER/INVESTOR
6/10/2011	NATALE, James 53 RIPLEY AVENUE Marlboro, MA 01752	\$150.00	
6/30/2011	NAVES, Dora 133 SHAWMUT AVENUE MARLBOROUGH, MA 01752	\$100.00	REALTOR DORA NAVES & ASSOCIATE
6/10/2011	Nawrocki, Mary Jo 337 Brigham St. Marlborough, MA 01752	\$100.00	

•			•
6/3/2011	NOBLE, John 92 CHASE ROAD MARLBOROUGH, MA 01752	\$100.00	RETIRED N/A
6/10/2011	O'Malley, Michael 1 Kelly Lane Hudson, MA 01749	\$200.00	Contractor Assabet Companies
9/9/2011	O`Malley, Michael 1 Kelly Lane Hudson, MA 01749		Construction Assabet Companies
6/24/2011	Ohanian, Walter 75 Fox Hill Road North Andover, MA 01845	\$500.00	Nuising Home Administra ReGrastham Grov Price
8/26/2011	Ohanian, Walter a 21 swedes xing Crossing Westford, MA 01886	\$500.00	NUISING Home Administra ReGrantham Grov Prick Administrator President Christopher, House Le Grantham Group, LLC
9/9/2011	Park, Chris 77 Peter Spring Road Concord, MA 01742	\$500.00	
9/9/2011	PATERSON, Ann 370 Hemenway Street #204 Marlborough, MA 01752	\$250.00	Retired Retired
6/3/2011	PEZZONI, William 23 PRESIDENTIAL DRIVE Southborough, MA 01772	\$100.00	ATTORNEY Day Pitney LLP
6/1/2011	Pinzino, James 44 Warren Avenue Marlborough, MA 01752	\$500.00	IT President Total National are State Rep. Computer ware Comm of Mass.
6/10/2011	Polito, Karyn 587 Hartford Turnpile Shrewsbury, MA 01545	\$100.00	State Rep. Commof Mass.
6/10/2011	Quinn, Robert 476 SUDBURY STREET Marlborough, MA 01752	\$150.00	Vice-President Foster-Miller Inc.
6/1/2011	ROWE, Douglas 540 CONCORD ROAD	\$175.00	ATTORNEY SELF

Amount Occupation and Employer

Marlboro, MA 01752

Date. Name and Residential Address

* 1			
Date.	Name and Residential Address	Amount	Occupation and Employer
8/26/2011	Ryan, Maurice 242 Elsinore St Concord, MA 01742	\$250.00	Owner Patriot Ambulance
6/1/2011	SHAY, Joseph 5 WYNDEMERE DRIVE Southborough, MA 01772	\$500.00	CO PRESIDENT KENS FOODS
6/1/2011	Shepard, Jamie 73 Donahue Drive Marlborough, MA 01752	\$500.00	Sales ICI CORP
6/30/2011	STOKES, Albert& Irene 38 PAQUIN DRIVE Marlborough, MA 01752	\$250.00	Cabinet Maker Self-Employed STOKes Woodwork July
6/3/2011	Sullivan, Carolyn 264 Brigham Street Marlboro, MA 01752	\$500.00	Retired NA
6/1/2011	Sutherby, James 64 Delwood Road Tewksbury, MA 01876	\$500.00	COO Ken's Foods
6/24/2011	Teager, Thomas 190 Rolling Meadow Drive Holliston, MA 01746	\$250.00	Business Owner ForeKicks
9/9/2011	THORSEN, Marguerite 99 CLINTON STREET Marlborough, MA 01752	\$100.00	
6/3/2011	TOMANEK, Richard 224 PHELPS STREET Marlboro, MA 01752	\$100.00	Manager Embassey Suites
8/11/2011	TOONE, David 186 MAIN STREET MARLBOROUGH, MA 01752	\$100.00	
6/1/2011	TROLLA, Joseph 58 Tea Party Way Malden, MA 02148	\$200.00	CONSTRUCTION FAFFARD CONST CO
6/1/2011	VALARIOTI, Joseph 53 CENTRAL STREET Marlborough, MA 01752	\$100.00	AUTO BODY REPAIRS SELFX CONTROL A A REPAIRS

6/16/2011	VALCHUIS, Robert 180 FARM ROAD Marlborough, MA 01752	Milly Indostr	SALVAGE SELF
6/3/2011	Verrico, Daniel 266 Wilson St Marlborough, MA 01752	\$100.00	
8/26/2011	Vigeant, Anne 186 Main St Marlborough, MA 01752	\$500.00	Retired NA
9/9/2011	Vigeant, Karl A. 117 Warren Ave Marlboro, MA 01752	\$500.00	COMPUTER TECH INTEL
6/1/2011	Vigeant, Ralph 48 Gleason Street Marlboro, MA 01752	\$200.00	
6/10/2011	Vigeant, Robert 3 Laurel St. Paxton, MA 01612	\$200.00	Contractor V W Builders, Inc.
6/3/2011	VIGEANT, Stephen 51 RED SPRING ROAD MARLBOROUGH, MA 01752	\$500.00	COMPUTER SOFTWARE TRACKER SYSTEMS, INC.
6/3/2011	Walton, David 178 Prairie St Concord, MA 01742	\$500.00	CEO Patriot Ambulance
1/21/2011	WELLEN, Thomas 3 stone hill road Marlboro, MA 01752	\$150.00	
6/16/2011	Wheeler, Keith 191 Bolton Street Marlborough, MA 01752	\$100.00	
6/1/2011	YURKUS, Richard 12 HELEN DRIVE Marlboro, MA 01752	\$100,00	
6/1/2011	ZISLER, Guenter 68 fitzgerald road Marlboro, MA 01752	\$100.00	RETIRED NA

Date. Name and Residential Address Amount Occupation and Employer

Total	Itemized Receipts	\$22,200.00
Total	Unitemized Receipts	\$1,548.23
Total	Receipts	\$23,748.23

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
9/6/2011	A Day For Nellie	\$250.00	Sponsor
	Marlborough, MA 01752		
7/14/2011	Anne-Marie Kelly 138 Simpson Rd Marlborough, MA 01752	\$75.00	Ballons
4/1/2011	Boston Globe	\$154.44	Subscription
	Boston, MA 02107		
7/7/2011	City of Marlboro 140 Main Street Marlboro, MA 01752	\$250.00	Parade Fee
6/1/2011	Courtyard Marriott Felton St Marlborough, MA 01752	\$1,005.31	Event
8/22/2011	Cross and Oberlie 916 Byrd Ave. Neenah, WI 54956	\$2,099.33	Signs
7/12/2011	Dianne Plummer	\$138.84	Website
	Marlborough, MA 01752		
4/20/2011	Embassy Suites Hotel Boston Post Rd West Marlborough, MA 01752	\$379.38	Event
1/19/2011	Embassy Suites Hotel Boston Post Rd West Marlborough, MA 01752	\$575.00	Event
7/13/2011	Embassy Suites Hotel Boston Post Rd West Marlborough, MA 01752	\$540.00	Event
8/24/2011	Embroidery Unlimited 181 Boston Post Road East Marlboro, MA 01752	\$634.95	Signs

Date.	Name and Address	Amount	Purpose
1/3/2011	Gatehouse Media NE P.O.Box 981067 Marlborough, MA 01752	\$239.20	Subscription
5/16/2011	Le Petite Studio 167 East Main Street Northborough, MA 01532	\$75.00	Photos
6/2/2011	Le Petite Studio 167 East Main Street Northborough, MA 01532	\$240.00	Photos
4/19/2011	MHS All Sports Booster Club Marlborough, MA 01752	\$100.00	Advertising
9/1/2011	Office Max 199 Boston Post Road Marlboro, MA 01752	\$101.14	Office Supplies
7/29/2011	Paul Colella 124 Northwest Road Spencer, MA 01562	\$500.00	Website
6/29/2011	U S P O Florence Street Marlborough, MA 01752	\$88.00	Postage
8/26/2011	U S P O Florence Street Marlborough, MA 01752	\$264.00	Postage
5/20/2011	U S P O Florence Street Marlborough, MA 01752	\$132.00	Postage
3/1/2011	U S P O Florence Street Marlborough, MA 01752	\$88.00	Postage
9/2/2011	Verizon P.O.Box 1 Worcester, MA 01654	\$62.98	Telephone
	zed Expenditures mized Expenditures ditures	\$7,992.57 \$165.00 \$8,157.57	

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	

6. 18

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
11/3/2008	Arthur Vigeant 650 PLEASANT STREET Marlborough, MA 01752	\$3,457.26	Printing
10/30/2008	Arthur Vigeant 650 Pleasant Street Marlborough, MA 01752	\$3,966.05	Printing
12/31/2003	ARTHUR VIGEANT 650 PLEASANT STREET MARLBOROUGH, MA 01752	\$3,000.00	LOAN
5/18/2011	Metrowest Printing 160 Main Street Marlborough, MA 01752	\$870.46	Printing
4/4/2011	Metrowest Printing 160 Main Street Marlborough, MA 01752	\$41.73	Printing
8/25/2011	Metrowest Printing 160 Main Street Marlborough, MA 01752	\$114.06	Printing
8/18/2011	Metrowest Printing 160 Main Street Marlborough, MA 01752	\$587.64	Printing
Total Outst	anding Liabilities	\$12,037.20	