

## Form CPF M 102: Campaign Finance Report CEIVED GITY CLERK'S OFFICE GITY OF MARLEOROUGH

Office of Campaign and Political Finance

2018 JAN 29 P 1:23

File with: City or Town Clerk or Election Commission							
2017 Ending Date: December 31, 2017							
lay after election 🔽 year-end report 🔲 dissolution							
Committee to Elect Peter Juaire							
Committee Name							
Michael Duplessis							
Name of Committee Treasurer							
296 Bigelow Street; Marlborough, MA 01752							
Committee Mailing Address							
none Number (optional):							
(opuona).							
SUMMARY BALANCE INFORMATION:							
\$ 468.58							
1200.00							
1618.55							
\$ 668.58							
\$ 991.81							
Line 8: Name of bank(s) used: Digital Federal Credit Union (DCU)							
owledge and belief, a true and complete statement of all campaign finance one and liabilities for this reporting period and represents the campaign one with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: /-29-/8  Ty knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions, uport by knowledge and belief, a true and complete statement of all campaign contributions and liabilities for this reporting period and represents the see in accordance with the requirements of 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.

(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)	
11/2/3017	mariborough FireFighter maple st Mariborough	# 200,00	fire Cighters union	
Line 9: Total Receipts over \$50 (or listed above)		200,00		
Line 10: Total Receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		200,00	← Enter on page 1, line 2	

<sup>\*</sup> 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 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
910116	Reter J. Juaire	MANIBORDY H MA	LOAD From CApidate	(cq1.81
1	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	991.91