



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CITY CLERK'S OFFICE  
CITY OF MARLBOROUGH

File with: City or Town Clerk or Election Commission

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

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

MICHAEL H. OSSING  
Candidate Full Name (if applicable)  
COUNCILOR AT LARGE  
Office Sought and District  
43 VARLEY ROAD MARLBORO MA 01752  
Residential Address  
Telephone Number (optional): \_\_\_\_\_

N/A  
Committee Name  
Name of Committee Treasurer  
Committee Mailing Address  
Telephone Number (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period	<u>\$ 34.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 34.00</u>
Line 4: Total expenditures this period	<u>\$ 34.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period	<u>0</u>
Line 7: Total (all) outstanding liabilities	<u>0</u>
Line 8: Name of bank(s) used:	<u>CENTRAL ONE FEDERAL CREDIT UNION</u>

**Affidavit of Committee Treasurer:**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature) Date: \_\_\_\_\_

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

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

Candidate without Committee OR Candidate with independent activity filing separate report  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1-8-18

## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/9/17	MICHAEL OSSING 43 VARLEY ROAD MARLBORO, MA 01752	34.00	CANDIDATE
Line 9: Total Receipts over \$50 (or listed above)		34.00	
Line 10: Total Receipts \$50 and under* (not listed above)		/	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>34.00</b>	← Enter on page 1, line 2

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

**SCHEDULE B: EXPENDITURES**

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/9/17	MARLBORO POST OFFICE <del>TO FLETCHER</del>	20 FLORENCE ST MARLBORO MA 0152	STAMPS FOR THANK YOU CARDS	34.00

Line 12: Total Expenditures over \$50 (or listed above)	34.00
Line 13: Total Expenditures \$50 and under* (not listed above)	-
Line 14: TOTAL EXPENDITURES IN THE PERIOD	34.00

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.