



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance 10-25-10P01:18 RCVD

*Kelly*

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0.00"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3564.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3564.00"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2199.62"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1364.38"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="160.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="Florence 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: *Ann Ellen* (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: \_\_\_\_\_ (Candidate's signature) Date:

## SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/9/10, 10/21/10	Leslie Chehade 85 Ferry Hill Road Granby, MA 01033	60.00	
10/21/10	Bernie Cooper 55 Pleasant St Unit 14 Granby, MA 01033	100.00	
10/9/10	Andy Deecher 468R East State Street Granby, MA 01033	80.00	
9/25/10	Alan Kotowicz 299 George Hannum Rd Belchertown, MA 01007	100.00	
8/11/10	Douglas L'Abbee 75 Harris St Granby, MA 01033	100.00	
8/11/10	David Labonte 151 Harris St Granby, MA 01033	100.00	
8/11/10, 10/9/10	Lori Leblanc 96 Ferry Hill Road Granby, MA 01033	5.85.00	
8/11/10, 10/9/10	Kirsten Murdock 4 Lyn Drive Granby, MA 01033	70.00	
8/11/10, 10/9/10	Lisabeth Andersen Pare 155 Carver St Granby, MA 01033	70.00	
8/11/10	Joe Rokowski 124 Maximillian Dr Granby, MA 01033	100.00	
9/8/10	Andre Rousseau 38 South Street Granby, MA 01033	250.00	Dentist Self-Employed
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		1115.00	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		2449.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		3564.00	← Enter on page 1, line 2

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



## SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/30/10	Lisabeth Pare	155 Carver St Granby, MA 01033	Postage Reimbursement (flyer)	132.00
10/9/10	Lisabeth Pare	155 Carver St Granby, MA 01033	Porta Potty Reimbursement	127.00
10/22/10	Lisabeth Pare	155 Carver St Granby, MA 01033	Postage Reimbursement (postcard)	736.00
8/29/10	Tammie Rousseau	38 South Street Granby, MA 01033	Sign Reimbursement	777.01
9/7/10	United States Post Office	East State St Granby, MA	Postage	187.00
10/21/10	John White	146 Amherst Street Granby, MA 01033	Printing (postcards)	143.75
Line 12: Total Expenditures over \$50 (or listed above)				2102.76
Line 13: Total Expenditures \$50 and under* (not listed above)				96.86
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2199.62</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.





