

# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TRE-	-8180	TION	
	ul.	REPORT	2

City or Town of:

Please print or type all information, except signatures.

Fill in dates: Reporting Period Begin	Month nning	Day	Year	Ending	Month	Day	Year
Type of Report: (Chec  8th day preceding preliminary/prime	ng 🛮 8th day	rch 21,6	□ 3	Oth day follow			oth day of January

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/8/11	may	10 Pelmolet he Surley	Bear L Assessans
1/25/11	Bachara J. Dry	321 nobject Rd	Goldano hehrary Truster
1/3/1	alle Cha	19 Summer 52	Board of Assessars
3/2/1	Charbon & Pro	201 mounted.	
7 /	Mark Colli	341 Hoten Rd	
3/24	Michael J. Hinter	1/8 Goalman Hilled	Planing Board
3/25	Inthell	96 OLD GARLISON R.	> SURBURY HOUSING
	(0)		
			11/00



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

of Massachusetts	File withi Dity of Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	-01-11 Ending Date: 03-22-11
Type of Report: (Check one)  8th day preceding preliminary  8th day preceding election	30 day after election  year-end report dissolution
Robert W. Juliano Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address Telephone Number (optional): 978 440 8289	Committee Mailing Address  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	(e 6) — — — — — — — — — — — — — — — — — —
Line 7: Total (all) outstanding liabilities (page 7)	-0-
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cofinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box	onfy)
activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting persons activity.	period.
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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons active 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
Signed under the penalties of perjury:	(Candidate's signature) Date: 322711

#### 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)
100			
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11. TOTAL I	RECEIPTS IN THE PERIOD		Enter on page 1. line 2
	RECEIPTS IN THE PERIOD		← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			<u> </u>
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Reco	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECERTS IN THE PERIOD		← Enter on page 1, line 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.

(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
Date 1 aid	(aiphabetical tisting)	Address	Turpose of Expenditure	Amount
		la l		
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
faton have its			hould include only those expenditure	e not itemize

Page 4

above.

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and		
		Line 14: TOTAL EXPENDIT		

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

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

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

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

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# SCHEDULE D: LIABILITIES

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

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

Page 7



# Form CPF M 102: Campaign Finance Report Municipal Form

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in dates: corting Period Beginning	Month Date	2011	Ending	Month D	7 2011
pe of report: (Check one) th day preceding prelimina	sth day prece	eding election	]30 day after ele	ection  year-	end report  dissolution
John Drob	insti		onem Hee	to Re Elact	John brokerski
Full Name of Candid				ommittee Name	T
Office Sought		^	Villian Name of	Committee Tres	
94 Woodside	- //	3	1 1	6.11 51	treet
Sudbay MA	Address 776	Si	Commi	ttee Mailing Add	dress 0/776
978-443-35	Tel. No. (opt	tional)	978-44	3-4158	Tel. No. (optional)
Line 2: Total Line 3: Sub Line 4: Total Line 5: End Line 6: Total Line 7: Total	ling balance fr al receipts this total (line 1 plus li al expenditure ling balance (lin d in-kind contril d (all) outstandi he of bank(s) us	period (page ine 2) s this period ne 3 minus line 4) butions this p ng liabilities	(page 3, line 14 eriod (page 4) (page 4)	\$ - c \$ 650 \$ - c	0.00
Idavis of Committee Treasurer: rify that I have examined this reponce activity, including all contributing all parameters of all parameters are surrer's signature (in ink)	tions, loans, receipts, expens a acting under the authority	ditures, disbursements,	in-kind contributions mmittee in accordance	and liabilities for th	is reporting period and represent ents of M.G.L. c. 55.

finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.O.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

Candidate signature (in ink)

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, leans, 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:

#### 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.

Name and Residential Address Date Amount Occupation & Employer Received (alphabetical listing required) (for contributions of \$200 or more) Line 9: Total 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.

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 stemize 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	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
3/1/11	Ann Morie Dionisi	250	œ	refired RN
	111 Plyington Road Sudburg MA 01776			
	Sudburg MA 01776			
				_
				-
<del>-</del>				
Line 9:	Total receipts in excess of \$50 (or listed above)	250	00	
	Total receipts \$50 and under* (not listed above)	400	00	
	TOTAL RECEIPTS IN THE PERIOD	650	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.

Page 2

#### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
		······································		
	_			
	-	<del></del>	-	
				l
			•	
		· · · · · · · · · · · · · · · · · · ·		
		<u>.</u>		
			12: Expenditures over \$50	*
			13: Expenditures \$50 and under*	
3	Enter on page 1, line 4	Line	14:TOTAL EXPENDITURES	

<sup>\*</sup>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	

<sup>\*</sup> 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
3/2/11	AGE Graphics	Long Bottom OH 45 143 Signs	310.00
3/7/11	AGE Graphics	Long Bottom, OH 45213 51945	3/0.00
			_
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	620.00

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.

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# Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

11 MAR 21 AM 11: 07.

City or Town of: SUDBUNY					
Plea	ase print or type all in	formation, except s	signatures.		
Fill in dates: Month Reporting Period Beginning	Day Ye	ar  Ending	Month 3	Day 12	Year ZOII
Type of Report: (Check One)  8th day preceding 8th day precediminary/primary	receding election	30th day follow	•		th day of January ar-End Report)
Pursuant to M.G.L., Chapter 55:  1. I certify that I am a candidate for or he 2. I certify that I have not received any c reporting period, and do not have a ca 3. I certify that I do not have a political c	ontributions, made as mpaign fund in exist	ny expenditures, or	incurred any o	bligations d	uring this
DATE I. SIGNATURE Signed under the penalties of pe		IDENTIAL ADDR	ESS	III. OF	FICE SOUGHT

DATE	SIGNATURE     Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
2/14/11	Think	12 BARBANA RUMS	PARKS & REMEATION



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Of Prassacitusets	Fild within City or Town Werk or Election Commission
Fill in Reporting Period dates: Beginning Date:	lanuary 1, 2011 Ending Date: March 17, 2011
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding elect	tion 30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Support Sudbury PAC Committee Name
Office Sought and District	Corinne Mever  Name of Committee Treasurer
	57 Wagonwheel Road, Sudbury, MA 01776
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BAL	LANCE INFORMATION:
Line 1: Ending Balance from previous report	rt 42.90
Line 2: Total receipts this period (page 3, lin	ne 11)
Line 3: Subtotal (line 1 plus line 2)	42.90
Line 4: Total expenditures this period (page	e 5, line 14)
Line 5: Ending Balance (line 3 minus line 4	
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (pa	uge 7)
Line 8: Name of bank(s) used: Sovereign Ban	nk - Closed
	o the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind contributions and liabilities for this reporting period and represents the campaign mittee in accordance with the requirements of M.G.L. c. 55.  (Freasurer's signature)  Date:  March 17, 2011
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (elec	eck 1 box only)
	is, to the best of my knowledge and belief, a true and complete statement of all campaign finance tree in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
	is, to the best of my knowledge and belief, a true and complete statement of all campaign reements, in-kind contributions and liabilities for this reporting period and represents the
Clanad under the resulting of newlawy	(Condidatala signatura) 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.)

report an receipts. P	lease include your committee name and a pa	ge number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabedear usung required)	Amount	(for contributions of \$700 or more)
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page I, 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 B: EXPENDITURES

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

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				,
		[[]		
==				
	<u> </u>			
		Line 12: Total Expenditures over	\$50 (or listed above)	
		Line 12. Total Famor III 650	ddou# (4 1!-44 -1)	
		Line 13: Total Expenditures \$50 a	nd under" (not listed above)	42
		Line 14: TOTAL EXPENDITUR		

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

# 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	s 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 C	ONTRIBUTIONS	0

<sup>\*</sup> 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.



# Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

11 MAR 18 PH 1:58

ID AUDIENT

			lease print or type		,			
Fill in dat Reporting	tes: g Period Beginning	Month	Day	Year	Ending_	Month	Day ZJ	Year ZGI
Type of F	Report: (Check One	e) ,						
	n day preceding	8th day	preceding election	, 🗆	30th day follow (Town or Speci			th day of January
Pursuant	to M.G.L., Chapter		r hold Municipal C		(Town or Speci	aij	(iii	аг-еди керопу
Pursuant  1. I ce 2. I ce rep 3. I ce	to M.G.L., Chapter ertify that I am a cal ertify that I have no orting period, and c ertify that I do not h	ndidate for or t received and do not have a nave a politica	y contributions, ma campaign fund in al committee.	ffice. ide any e	expenditures, or e.	incurred any	obligations d	uring this
Pursuant  1. I ce 2. I ce rep	to M.G.L., Chapter ertify that I am a cal ertify that I have no orting period, and c ertify that I do not h	ndidate for or t received and do not have a nave a politica	y contributions, macampaign fund in al committee.	ffice. ide any e existenc	expenditures, or	incurred any	obligations d	

ear. Committees must	es that the name and residential address be re t keep detailed accounts and records of all rec er must be reported for all persons who contr	eipts, but need only	cal order, for all receipts over \$50 in a calendar itemize those receipts over \$50. In addition, the in a calendar year.
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)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

Page:

Committee Name:



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts  ( File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date:	13 2011 Hiding Baid: M 3: 242 2011				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution				
Scott B. Nassa					
Candidate Full Name (if applicable)	Committee Name				
School Committee Sudbury, MA					
Office Sought and District	Name of Committee Treasurer				
36 Clark Lone Sudbury MA 01770					
Residential Address	Committee Mailing Address				
Telephone Number (optional): 978 - 270 - 2734	Telephone Number (optional):				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	# 8				
Line 2: Total receipts this period (page 3, line 11)	\$ 325.28				
Line 3: Subtotal (line 1 plus line 2)	\$325,28				
Line 4: Total expenditures this period (page 5, lin	e 14) \$325.28				
Line 5: Ending Balance (line 3 minus line 4)	# 8				
Line 6: Total in-kind contributions this period (pa	ge 6) \$ 30.00				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Bank of America (Credit Card)					
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  1 certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the eampaign 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 penaltics of perjury:	(Candidate's signature) Date: 3 7 2011				

# SCHEDULE A: RECEIPTS (continued)

Name and Residential Address			Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
2/23/2011	Scott Nassa 36 Clark Lane Sudbery, MA 01776	\$325.28	Division Vice President Owater
Line 9: Total Receipts over \$50 (or listed above)		\$325,28	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL B	RECEIPTS IN THE PERIOD	\$325.38	← 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 B: EXPENDITURES (continued)**

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/33/2011	Yard Signs Co.	9920 Westpark Dr Suite 107 Houston, TX 7706	Yard Signs	#325,28
			Installation.	<b>1</b>
		Line 12: Expenditures over \$50	) (or listed above)	#325,28
	Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD \$325.28			

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

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions		
		Line 16: In-Kind Contributions \$50 & under (not listed above) \$30.00		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C		\$30.00

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

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# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

11 MAR 21 PH 12: 02

Fill in Reporting Period dates: Beginning Date: January 1, 2011 Ending Date: March 12, 2011  Type of Report: (Check one)    8th day preceding preliminary   8th day preceding election   30 day after election   year-end report   dissolution		File with: City or Town Clerk or E	lection Commission			
Sth day preceding preliminary   Sth day preceding election   30 day after election   year-end report   dissolution	Fill in Reporting Period dates: Beginning Date: Jan	nuary 1, 2011 Ending Date: March 12, 2011				
Sth day preceding preliminary   Sth day preceding election   30 day after election   year-end report   dissolution	Type of Report: (Check one)					
Candidate Full Name (if applicable)  School Committee member Sudbury  Office Sought and District  6 Craig Lane Sudbury, MA 01776  Residential Address  Telephone Number (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:   Affidavit of Committee Treasurer:  In Committee Name  Michael Joachim  Name of Committee Treasurer:  Michael Joachim  Name of Committee Treasurer:  In Committee Name  Michael Joachim  Name of Committee Treasurer:  In Committee Name  Michael Joachim  Name of Committee Treasurer:  In Committee Name  Michael Joachim  Name of Committee Treasurer:  In Committee Treasurer:  In Committee Name  Michael Joachim  Name of Committee Treasurer:  In Committee Name  In Michael Joachim  Name of Committee Treasurer:  In Committee Treas		30 day after election year-end report	dissolution			
School Committee member Sudbury Office Sought and District  6 Craig Lane Sudbury, MA 01776 Residential Address Telephone Number (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Signature 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Affidavit of Committee Treasurer:  In Carig Lane Sudbury, MA 01776  Committee Treasurer  6 Craig Lane Sudbury, MA 01776  Committee Treasurer  9 Committee Treasurer:  1 Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the carrier in th	Ellen S. Winer	Committee to Elect Ellen Winer Joachim				
Office Sought and District  6 Craig Lane Sudbury, MA 01776 Residential Address  Telephone Number (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Affidavit of Committee Treasurer: Lecrify 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 (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.	Candidate Full Name (if applicable)	Committee Name				
6 Craig Lane Sudbury, MA 01776   Residential Address   Committee Mailing Address   Telephone Number (optional):   Telephone Number (optional):   SUMMARY BALANCE INFORMATION:   Line 1: Ending Balance from previous report   O	School Committee member Sudbury	Michael Joachim				
Residential Address  Telephone Number (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  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 in the complete statement of all campaign finance in the 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 in the 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 in the 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 in the 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 in the 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 in the certification of the certification in the ce	Office Sought and District	Name of Committee Treasurer				
Telephone Number (optional):	6 Craig Lane Sudbury, MA 01776	6 Craig Lane Sudbury, MA 01776				
SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Affidavit of Committee Treasurer:  Lectrify 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.	Residential Address	Committee Mailing Address				
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  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	Telephone Number (optional):	Telephone Number (optional):				
Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  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	SUMMARY BALAN	NCE INFORMATION:				
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  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	Line 1: Ending Balance from previous report	0				
Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  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	Line 2: Total receipts this period (page 3, line 11)					
Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  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	Line 3: Subtotal (line 1 plus line 2)					
Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  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	Line 4: Total expenditures this period (page 5, line 14)					
Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  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	Line 5: Ending Balance (line 3 minus line 4)					
Line 8: Name of bank(s) used:  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	Line 6: Total in-kind contributions this period (page 6)					
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	Line 7: Total (all) outstanding liabilities (page 7)					
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	Line 8: Name of bank(s) used:					
FOR CANDIDATE FILINGS ONLY: Afriday 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 for activity, of all persons acting under the authority or on behalf of 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 for activity, of all persons acting under the authority or on 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, toans, 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 periury:  One of the committee 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)
3/3/2011	Ellen Winer 6 Craig Lane Sudbury, MA 01776	550	at-home mom
ine 9: Total Rece	ipts over \$50 (or listed above)	550	
ine 10; Total Reco	eipts \$50 and under* (not listed above)	0	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	550	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD 550			← 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 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	mittee name and a page number o		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/3/2011	A.G.E. Graphics	52231 State Road 248 Long Bottom, OH 45743	200 yard signs	550
***************************************				
		Line 12: Total Expenditures o	ver \$50 (or listed above)	550
		Line 13: Total Expenditures \$:	50 and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	550

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

Page 4

# SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		POTENTIAL AND			
				Linevinas	
	ALITAGETTE				
	PARTIES PROPERTY.				
			POOR AND		
		- TANAMAN AND AND AND AND AND AND AND AND AND A			
			Name -		
		INCOMPANION AND AND AND AND AND AND AND AND AND AN			
- VACANTO	THE RESIDENCE OF THE PARTIES OF THE				
		Line 12: Expenditures over \$50	(or listed above)		
	Line 13: 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.					

<sup>\*</sup> 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
Laudoussa na anns anns anns anns anns anns an		An annual transport and transp		LATING BANKA DANIEL
<u> </u>	<u> </u>	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	35

<sup>\*</sup> 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
3/3/2011	Ellen Winer	6 Craig Lane Sudbury, MA 01776	purchase 200 yard signs	550
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 550				



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

11 MAR 21 PH 2: 36

Fill in Reporting Period dates: Beginning Date: Jan 1	, 2011 Ending Date: Mar 12, 2011				
Type of Report: (Check one)					
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election  year-end report dissolution				
Michael Joseph Hullinger	Committee to Elect Mike Hullinger				
Candidate Full Name (if applicable)	Committee Name				
Board of Selectmen, Sudbury, MA	Siobhan C Hullinger				
Office Sought and District	Name of Committee Treasurer				
55 Washington Drive, Sudbury, MA 01776	55 Washington Drive, Sudbury, MA 01776				
Residential Address	Committee Mailing Address				
Telephone Number (optional):	Telephone Number (optional):				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	0				
Line 2: Total receipts this period (page 3, line 11)					
Line 3: Subtotal (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, line	e 14) 467.03				
Line 5: Ending Balance (line 3 minus line 4)	1,532.97				
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Middlesex Savings Bank					
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind e finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box 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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing sell I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: Mar 21, 2011  x only)  best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.  parate report 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				
Signed under the penalties of perjury:	(Candidate's signature) Date: Mar 21, 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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Feb 28, 2011	Michael J Hullinger/Candidate 55 Washington Drive Sudbury, MA 01776	2,000	President, Endurance Asset Management,Inc **Candidate**
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	The state of the s	PARTIE DE LA CONTRACTION DEL CONTRACTION DE LA C	
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ine 9: Total Rece	ipts over \$50 (or listed above)	2,000	
ine 10: Total Rece	eipts \$50 and under* (not listed above)	0	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	2,000	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		MANAGEMENT AND THE STATE OF THE	
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		CAMADA A PARA DE META PROPERTO DE LA CONTRACTORIO	
		INIMATERIA CONTROL PROPERTY AND A STATE OF A	
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- SPANSING PROPERTY OF THE PRO			
	The second control of		MALLOS ANTINIA DE LA CANTO PARA PROPERTO DE LA CANTO PARA PARA PARA PARA PARA PARA PARA PAR
MANAGEMENT AND			
Line 9: Total Rece	ipts over \$50 (or listed above)	2,000	Landing
TAIPPORTUNING THE THE TAIP	eipts \$50 and under* (not listed above)	Parameter San Control of Control	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	2,000	← Enter on page 1, line 2
			ld include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

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

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

	To Whom Paid			,
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Mar 4, 2011	AccelaGraphics	74 Otis Street Westborough, MA 01581	250 Signs for candidate	467.0
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				1,100,000,176,000
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				APPAGENTATION OF THE PAGE OF T
				AMERICAN STATE OF THE PROPERTY
		The state of the s		
ALL STATES				para de la companya d
ea-a-				
		Line 12: Total Expenditures	M. H. WALLES CO. T. L. WALLES CO. T. WALLES	467.0
		LULAMANAMANIA	550 and under* (not listed above)	A
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPEND	TURES IN THE PERIOD	467.0

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

Page 4

# SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	William Control of the Control of th	The state of the s	ANALYSIS OF THE PROPERTY OF TH	
	AND			
			AND THE PROPERTY OF THE PROPER	
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40000	**************************************	ALAMAN MARKATINA	The Control of the Co	
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	INCOME.	The state of the s	INCOMPOSITOR STATE OF THE STATE	
		WAARDAN WAARAN W	A STATE OF THE STA	White the second of the second
- WATENATO TITTETT			ANNA CONTRACTOR OF THE CONTRAC	
		Line 12: Expenditures over \$50	(or listed above)	467.03
			AMADAMAN AMADA	MINISTER STATE OF THE STATE OF
		Line 13: Expenditures \$50 and	under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	467.03
			hould include only those expenditure	

<sup>\*</sup> 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
				Market Ma
MARIE & A WILLIAM CONTROL OF THE STATE OF TH				
The state of the s				
			A FULL WATER DE TOTAL	
			10000000000000000000000000000000000000	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<sup>\*</sup> 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
		Indicated and an analysis of the second and an analysis of the sec		
Taranta and the same and the sa	CONTROL OF THE PROPERTY OF THE			
		January Land		
				NAME OF THE PARTY
Laurence Control of Co	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0

9784438813



# Form CPF M 102: Campaign Finance Report Municipal Forms Office of Campaign and Political Finance 11 Mar 2 | PM 2: 49

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Low Ending Date: March 12,2011
Type of Report: (Check one)  [] 8th day preceding preliminary [] 8th day preceding election [] 30 d	hy after election year-end report dissolution-
Candidato Full Name (if applicable)	Committee Name
SUDBURY PUBLIC School Committee  Office Sought and District	Name of Committee Treasurer
Residential Address 01776  Telephone Number (optional): 978 443 4679 Telephone	Committee Mailing Address tone Number (optional)
SUMMARY BALANCE INF	In the second se
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 4)  Line 5: Ending Balance (line 3 minus line 4)	2 8 5
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7).  Line 8: Name of bank(s) used:	nove
Affidavit of Committee Tronsuter: I certify that I have examined this report including americal achievates and it is, to the treat of my the activity, including all committees, loans, receipts, expenditures, distursements, in-kied contribute finance activity of all persons acting under the authority or on behalf of this committee in accordant	ohn and liabilities for this reporting period and represents the campaign be with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
Candidate with Committee and no activity independent of the committee  Tentily that I have examined that report including httached of this committee and it is, to the best of a servicity, of all persons atting under the authority or on behalf of this committee in accordance incurred any litabilities nor midd any expenditures on my behalf during this reporting period.	ny knowledgo and belief, a true and samplete statement of all compaten finance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity fitting acparate to a contribution of the candidate with the extending attached achedules and it is, to like best of a finance activity, including contributions, losses, recoipts, expenditures, disbusciments, including contributions, losses, recoipts, expenditures, disbusciments, including committees authority or on behalf of this commit	ny knowledge and bellef, a true and complete statement of all compaign contributions and liabilities for this reporting period and represents the
Signod under the penalties of perjury: What Chouse	(Candidate's signaturo) Date: 3/31/2011

#### SCHEDULE A: RECEIPTS

M.G.L. c. 33 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)
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			The second secon
		Addition to the state of the st	
		and the second s	
	pts over \$50 (or listed above)		
and the second s	ipts \$50 and under (not listed above)		
Line 11: TOTAL R	eceipts in the period		Enter on page 1, line 2

# SCHEDULE A: RECEIPTS (consinued)

Date Received	Name and Residential Address (alphabetical listing required)	Occupation & Employer Amount (for contributions of \$200 or more)	
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			enteroperation of the second
	its over \$50 (or listed above)		
أسيد ومعطانه ومحادمين والمراد المساور	pts \$50 and under" (not listed above) ECEIPTS IN THE PERIOD	Enter on page 1, lino 2	. ".

<sup>\*16</sup> 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 tiemted 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

Date Paid	To Whom Paid (alphabetical listing)	nittee name and a page number on Address	Purpose of Expenditure	Amount
3/4/2011	AGE Graphics	52231 State BE 248 Long Bettom Oct 4574	Campaign	1285.00
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1				Passan Annual Proceedings of the Annual Process of the Annual Proc
			Section 1997 Annual Control of the C	
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				A second description of the second descripti
			Control of the Contro	
				pointsiskoM3000444
				Sol sold have been sold to be sol
and the second s				
		Line 12: Total Expenditures ove	r \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	res in the period	1285,0

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

#### SCHEDULE B: EXPENDITURES (continued)

THE UPS STORE

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		The state of the s	edition continued in the desire of the desir	***************************************
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A COMPANY OF THE PARK OF THE P		And the state of t		· proposition and the second
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		Separative process and the participant of the process of the participant of the participa	The second secon	entremonation de la company
			The state of the s	CONTRACTOR OF THE PROPERTY OF
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		Second Control of the	A CONTRACTOR OF THE CONTRACTOR	
		.:		
	pupulable manual and a second a	Conscionaria de la constitución	A CONTRACTOR OF THE PROPERTY O	<u> </u>
		Line 12: Expenditures over \$50	) (or listed above)	enino-conomicament
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Duran ala hasia a Mara A a	Line 14: TOTAL EXPENDIT	HES IN THE PERIOD	- Thomsand

<sup>\*</sup> 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

06/07

# 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 .
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	State Control of the	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

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

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#### 03/21/2011 09:45

### 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 Duc	Address	Purpose	Amount
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			Principle of the state of the s	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0