

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

City or Town of: SUDBUR	
	가는 무슨 기가는 가는 것이다.

		Pl	ease print or	type all infon	mation, except	signatures.			
Fill in dat Reporting	es: Period Beginning	Month /	Day /	Year 20/0	Ending	Month 3	Day		ear 010
		DUE							
Type of R	Leport: (Check One)	MIT	RCHIA	, 2010					
4.0	day preceding liminary/primary	8th day	preceding ele	The second of the second	30th day follo (Town or Spec		Contract the contract of the	20th day o Year-End	
1. I ce 2. I ce rep	to M.G.L., Chapter sertify that I am a can entify that I have not orting period, and descrify that I do not have	didate for or received any o not have a	contribution campaign fur	s, made any	expenditures, c	or incurred ar	y obligation	s during th	is
DATE	I. SIG1 Signed under the	NATURE / penalties of	perjury		ENTIAL ADD t and Number)	The state of the s	III.	OFFICE SO	OUGHT
48/1	Mul	WU	4	5 mar	de ave		bran	inst.	العالجة
3/17/10	6 1 b	11	2.	s Maylo	Au		Road	of He	01Th
3/2410	Think		1	2 BANB	AMA RD		PMKS	· REN	F/MU-
Poplo /		7	)   a	9 Alero	n whole	Lane	Park"	leeren	ion Commis
13/10	Mylha Wel	inan	2	5 Gaind	stme L	me	HDRAR	y Inus	Lee_
								<u>(</u>	
<ul> <li>1 (2) (2)</li> </ul>	<ul> <li>In the second section of the first term of the second secon</li></ul>			化电压线 化二氯化镍矿	and the first of the second of			1000	and the first of the second second



# Form CPF M 102-0: Campaign Finance Reporty, MASS Municipal Form Office of Campaign and Political Finance

10 MAR 29 PM 2: 07.

City or Town of: Sub Bur	24						
	Pleas	se print or typ	oe all informa	ion, except	signatures.		
Fill in dates:  Reporting Period Beginning	Month 1	Day !	Year 2 Ot O	Ending_	Month MARCH	Day 9	Year Zolo
Type of Report: (Check One)							
8th day preceding preliminary/primary	8th day pr	eceding elect		th day follov wn or Speci	ving election al)		th day of January ar-End Report)
Pursuant to M.G.L., Chapter 55	5;						
<ol> <li>I certify that I am a cand</li> <li>I certify that I have not reporting period, and do</li> </ol>	eceived any co	ontributions,	made any exp	enditures, or	incurred any o	bligations d	uring this

DATE	SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
3/2/10	VIII	85 GOODMANS HIN ROAD	Assessor
	18200,		
			1
	1,		
			PULLU 44 PRO 100 PRO 1



Form CPF M 102-0: Campaign Finance Report Parkt Recreation

Municipal Form 3

Official Finance

Commission.

City or Town of:	dbu	Please print or type a	ıll info	mation, except s	ignatures.		
Fill in dates: Reporting Period Beginning_	Month /	Day /	Year	Ending_	Month / 2	Day 31	Year 69
Type of Report: (Check One	:)						
8th day preceding preliminary/primary	□ 8th	day preceding election		30th day follow (Town or Specia		20 (Ye	th day of January ar-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
1/10	Paul Auffin.	7 Allene Ave, Sudbury	Park + Rec Commission
		1	
			•
			VI. IN COLUMN SEE DRIVES SEE



#### Form CPF M 102: Campaign Finance Report OWN CLERK Municipal Form SUDBURY MASS

Il in dates:  Month Date Porting Period Beginning  Month Pebruary  1  XIV  Ending	Month Mago	L Dote 18	Year 2010
ype of report: (Check one)	election	☐year-end report	□dissolutio
Richard C. Williamson			
VII - 4	Committe	ee Name	
	of Commi	ittee Treasurer	
	mittee Ma	niling Address	
978-618- 5479 Tel. No. (optional)		Tel. No. (e	optional)
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used	4)		
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowled mance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions ampaign finance activity of all persons acting under the authority or on behalf of this committee in accord Signed under the penalties of perjury:	ons and liab	pilities for this reporting pe	eriod and represen
		Date	

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 signature (in ink)



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

Please print or type all information, except signatures.    Plant			4	NAME OF THE OWNER.	1				
Reporting Period Beginning JAN 19 2010 Ending MAR 9 2010 Ending MA			Ple	ease print or typ	e all informat	ion, except	signatures.		5 S C
8th day preceding preliminary/primary  8th day preceding election (Town or Special)  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  1. SIGNATURE  Signed under the penalties of perjury  (Street and Number)  19-10  19-10  19-10  10-1						_ Ending_		Day 9	2010 R
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 Signed under the penalties of perjury  (Street and Number)  19.10  OUTH  Type Boston Post RD.  PLANNING BOARD	ype of F	Report: (Check One	)			-			3 30
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 III. OFFICE SOUGHT (Street and Number)  19.10  OSAP  PLANNING BOARD	ou		⊠ 8th day	preceding elect					
Signed under the penalties of perjury (Street and Number)  9.10 osuh Singerusi' 799 BOSTON POST KD. PLANNING BOARD	rep	orting period, and d	o not have a c	ampaign fund i		enditures, or	· incurred any	obligations du	aring this
	DATE						RESS	III. OFI	FICE SOUGHT
( DOSEPH J. SZIABOWSKI)			5	li 799	BOSTON	POST K	D. P	ANNING	BOARD
	19.10	osyh .	100 Jerry					Chalalaa	
	19.10		. SZIABO	wski)			·	Charles	
	19.10		). SZIABO	WSKI)				CARRING	
	19.10		. SZIABO	M2k1)				CARINA	
	19.10		. SZIABO	W57e1)				CARINA	
	19.10		. SZIABO	W57e1)				CARINA	
	19.10		. SZIABO	W57k-1)		•		CARINA	
	19.10		. SZIABO	W57k-1)		•		CARINA	



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

City or Town of: SUABURY		- 45 n
Please p	rint or type all information, except signatu	ires.
	Day Year Mon  O 200 Ending MAN	
Type of Report: (Check One)  8th day preceding preliminary/primary  8th day preced	ding election 30th day following el	lection 20th day of January (Year-End Report)
I certify that I am a candidate for or hold M     I certify that I have not received any contresporting period, and do not have a campa     I certify that I do not have a political common DATE	ibutions, made any expenditures, or incurright fund in existence.	red any obligations during this  III. OFFICE SOUGHT
Signed under the penalties of perjury	11	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
THO I I WANT	231 GOVDMANS /TILL	PARK + NKS.



#### TOWN CLERK SUDBURY, MASS

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

Municipal Form
Office of Campaign and Political Finance

10 MAR 23 AM 8: 57

City or Town of:	ndbuu 1	Please print or typ	oe all informat	ion, except signa	tures.		
Fill in dates: Reporting Period Beginning	Month	Day 20	2010	Mo Ending	nth 3	Day 22	201D
Type of Report: (Check One  8th day preceding preliminary/primary	M	preceding elect		h day following	election		th day of January

- 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
122/1	o Munta	48 Henry's Mill Lane Sud bury MA: 01777	Planning Boards
	Michael C. Fee	Sudbury MA 01772	J
			And the second s
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			11/07



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

ile with: lity or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates:  Reporting Period Beginning    Date   Year   Property   Proper
Type of report: (Check one)  Sth day preceding election 30 day after election preceding report dissolution
Michael (. Fee  Full Name of Candidate (if applicable)  Tanning Source  Office Sought and District  48 Henry's Mill Lane  Sud bwry  Tel. No. (optional)  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
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 campa 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 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:  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 campas finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.C.L. c. 55. I have not received a contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee QR 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 campas finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents 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:  Date
Condition demotron (in ink)

#### 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. Occupation & Employer Amount Name and Residential Address (for contributions of \$200 or more) Date (alphabetical listing required) Received Line 9: Total receipts in excess of \$50 (or listed above) Line 10: Total receipts \$50 and under\* (not listed above) Enter on page 1, line 2 Line 11: TOTAL RECEIPTS IN THE PERIOD

<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.

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 eac Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	10/4			
				1
	·			
	-			
	•			
				$-\!$
			2 12: Expenditures over \$50	4
			: 13: Expenditures \$50 and under*	/\//
	Enter on page 1, line 4	Lin	e 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.

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.

ided togethe Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NA			
			·	
	<u> </u>		In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6		: Total In-kind	1/6

<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	To Whom Due	Address	Purpose	Amount
curred				
- Luited	- N -			
\				
	1			
		1	•	
				6
1				- $+$ $A$ $A$
·		Line 18: OUTSTANDING	G LIABILITIES (ALL)	1//
	Enter on page 1, line 7	Line 18: OOISIANDIA		

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 23 AM 9: 54

File with:		
The - Town Clark on Clarking	Commission	

ill in dates: Month Date Year Leporting Period Beginning / / 2010	Ending 3 22 2010
ype of report: (Check one)  18th day preceding preliminary  18th day preceding election	□30 day after election □year-end report □dissolutio
Full Name of Candidate (if applicable)	Committee Name
Office Sought and District 31 Church 11 Street	Name of Committee Treasurer
Solbary MA 01776	Committee Mailing Address
978-443-415@ Tel. No. (optional)	Tel. No. (optional)
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this per  Line 5: Ending balance (line 3 minus lin  Line 6: Total in-kind contributions the  Line 7: Total (all) outstanding liability  Line 8: Name of bank(s) used	is period (page 4) \$
	the best of my knowledge and belief, a true and complete statement of all caments, in-kind contributions and liabilities for this reporting period and represent this committee in accordance with the requirements of M.G.L. c. 55.
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to finance activity, including all contributions, loans, receipts, expenditures, disburser campaign finance activity of all persons acting under the authority or on behalf of Signed under the penal	lties of perjury:  Date

FOR CANDIDATE FILINGS UNLY: (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 a finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filling separate report. I certify that I have examined this report including attached schedules and it is, to the best of my knowledge a finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions a campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance of the committee of th	and belief, a true and complete statement of all campaign
Candidate signature (in ink)	3/22/2010

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	(alphabetical listing)	petical listing)	Purpose of Expenditure	Amour	ıt
3/5/10	AGE Graphics	52231 State Rd. 248 Long Botton, 0/4 45743	lawn Signs	2850	20
	,	www. AGEGraphics. con			
			-		
					-
		Line 1	2: Expenditures over \$50	285	0
			3: Expenditures \$50 and under		+
	Enter on page 1, line 4	Line	14:TOTAL EXPENDITUR	ES 285	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 litemized above.

Page 3



# Form CPF M 102: Campaign Finance Report MASS Municipal Form Office of Campaign and Political Finance 10 MAR 22 PM 4: 47

of Managachusett	utter	
File with:		
a	Ct. L. Physic Compinion	

in dates: Month Date Year Porting Period Beginning 3 70 20	Month Detc Year
ne of report: (Check one) th day preceding preliminary	on □30 day after election □year-end report □dissolution
Sobert C. Haarde  Full Name of Candidate (if applicable)  Soud of Select men	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address  NO. 1776	Committee Mailing Address
978-443-4766 Tel. No. (optional)	Tel. No. (optional)
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus  Line 6: Total in-kind contributions to the first Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	\$\line 4\right) \$\line 4\right) \$\line 4\right) \$\line 4\right) \$\line 4\right]\$ this period (page 4) \$\line 4\right]
fidavit of Committee Treasurer:  ertify that I have examined this report including attached schedules and it is, ance activity, including all contributions, loans, receipts, expenditures, disbutions are activity of all persons acting under the authority or on behalf and some activity of all persons acting under the authority or on behalf and some activity of all persons acting under the person	s, to the best of my knowledge and belief, a true and complete statement of all causements, in-kind contributions and liabilities for this reporting period and represe of this committee in accordance with the requirements of M.G.L., c. 55.  consistes of perjury:
easurer's signature (in ink)	Date
DOD CANDIDATE EN WICE	ONLY: (CANDIDATE MUST SIGN BELOW)

finance activity, of all persons act contributions, incurred any liabilit   Candidate without Committe   I certify that I have examined this	nd no activity independent report including attached act ting under the authority or on tics nor made any expenditure or OR Candidate with indep report including attached act outloom, loans, receipts, exper- ersons acting under the author ersons acting under the author	hechiles and it is, to the best of my kn a behalf of this committee in accordan- es on my behalf during this reporting pendent activity filing separate rep hechiles and it is, to the best of my kn actions dishuraments in kind control	nowledge and belief, a true and complete nee with the requirements of M.G.L. c. 5 period.  port nowledge and belief, a true and complete ributions and liabilities for this reporting accordance with the requirements of M.	statement of all campaign
(2)A-C-	1100		3-19-10 Date	
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 Humize 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 Cceived	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
3-15	Donations \$50 or less Loan from Robert	120	00	
3/12	Loan from Robert	455	80	Technology Birector
	Hearda			,
*****				
		,		
Line 9:	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Eine 11	TOTAL RECEIPTS IN THE PERIOD		$\top$	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 Page 2 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

mber on each	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	Amount	
3/17/10	SignDepot	Dr. Orlando FL	Yard Signs	260	Ø	
		35803	·			
3/13/10	VistaPrint	Q8 Hayden Ave Lexington, MA	Cards	45	80	
		02421				
	1					
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						
		Line 1	2: Expenditures over \$50	200	> Q	
			3: Expenditures \$50 and unde	r* 45	- 8	
	Enter on page 1, line 4	1	4:TOTAL EXPENDITURE		5 8	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 Gaminad about

#### 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
3/12/10	Robort Haurde	37 Balchar Dr.	Signs	428.80
	÷			
			•	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	H22-80



## TOWN CLERK Form CPF M 102: Campaign Finance Report DBURY, MASS Municipal Form Office of Campaign and Political Finance

10 MAR 22 AM II: 46

	2 No.
ill in dates:  Month Date Year  Leporting Period Beginning 01-15-2010 Ending	3-19-20 10 Year
Type of report: (Check one) Sth day preceding election □30 day after ele	ection
Matrice & Balach	1/4
Full Name of Candidate (if applicable) Sohar Colly & Le Gention (Commissione)	ommittee Name
	Committee Treasurer
	ttee Mailing Address
(17-694-976) 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 4: Total expenditures this period (page 3, line 1.)  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	\$
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)	e and belief, a true and complete statement of all cames and liabilities for this reporting period and represent

The state of the s	
Affidavit of Candidate: (check 1 box only)	
and the same title I am attacked by a manufact of the committee	
	ige and belief, a true and complete statement of all campaign
I certify that I have examined this report including attached schedules and it is, to that our or on the schedules and it is, to the committee in accordance with the	ith the requirements of M.G.L. c. 55. I have not received any
finance activity, of all persons acting under the authority of on behalf of this committee in accordance with	int no redunernment of the second
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period	1.
feet	
/ Little and the second of the second	dge and belief, a true and complete statement of all campaign
I certify that I have examined this report including attached schedules and it is being a statistical and its being a statistic and its being a st	and liabilities for this reporting period and represents the
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contribution	one and nationales for this reporting pro-
finance activity, including committees, loans, receipts, experientees associated in accordance activity of all persons acting under the authority or on behalf of this committee in accordance.	rdance with the requirements of M.G.L. c. 33.
Signed under the penalties of perjury:	
Digites areas are personal or personal.	3-20-20 10
	7-10-20
Candidate signature (in ink)	Date
Candidate allumente (m mr.)	

#### 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 Hemize 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

mber on ea Date Received	Name and Residential Address	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
2060	Mathew & Barch office of Company and Subbort	(a)	Jv.	
		,		
1 ina Q.	Total receipts in excess of \$50 (or listed above)	60		
Line 10	: Total receipts \$50 and under* (not listed above)		/_	
	: TOTAL RECEIPTS IN THE PERIOD  ave itemized receipts of \$50 and under include them in	(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 Page 2 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 eac Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	
2/15/2010	Town OK SUDBORY	Sulling	Vota Cist	60	00
			·		
•					
					5
					M&R 22
					) A
					9.
		¥ :	ne 12: Expenditures over \$50		
		Li	ne 13: Expenditures \$50 and unde	1*	
	Enter on page 1, line 4	L	ine 14:TOTAL EXPENDITURI		7 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 Page 3 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
	MA		A	
•				
	-		In-kind over \$50	
			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
1	A		
		•	
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL	)



# Form CPF M 102: Campaign Finance Report UDBURY, MASS Municipal Form Municipal Form · Office of Campaign and Political Finance

10 MAR 26 PM 1:52

Il in dates: Month Date  porting Period Beginning / 19	Year	Ending	Month 3	Date	Year
ype of report: (Check one) 8th day preceding preliminary	ing election	□30 day after	election	□year-end report	□dissolution
Full Name of Candidate (if applicable)	-)[-		Committ	ee Name	
Office Sought and District		Name	of Comm	ittee Treasurer	
PARKANU Rec. Com mission  Residential Address  25 Pine St. Sughery MA ON	_   _	Com	mittee M	niling Address	
978-440-781de Tel. No. (optio	onal)			Tel. No. (	optional)
Line 1: Ending balance fro Line 2: Total receipts this Line 3: Subtotal (line 1 plus lin Line 4: Total expenditures Line 5: Ending balance (line Line 6: Total in-kind contrib Line 7: Total (all) outstandin Line 8: Name of bank(s) use	period (pag this perion 3 minus line outions this ng liabilitie	e 2, line 11) ed (page 3, line 4) period (page	e 14)	5 5 5 3 0 . 78 5 5	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedu inance activity, including all contributions, loans, receipts, expend				ief, a true and complete st bilities for this reporting p the requirements of M.G.I.	

1011 6.11	
Affidavit of Candidate: (check 1 box only)	
	and belief, a true and complete statement of an campaign
Commented in accordance with	the requirements of M.G.L. c. 33. I have not received any
and invited incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
	and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disources, including contributions, loans, receipts, expenditures, disources, including contributions activity of all persons acting under the authority or on behalf of this committee in accordance of the contribution of the contrib	nce with the requirements of M.G.L. c. 55.
campaign finance activity of all persons acting under the auditority of on botal of all persons acting under the penalties of perjury:	-1-111-
Signed under the pendaties of perjuty.	2 74 111
To hat ( ) Dool =	SPIII
2 () rest	Date
- her all the same time into	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

Received (alphabetical listing required) (for contributions of \$	mployer \$200 or more)
	· · · · · · · · · · · · · · · · · · ·
	<u></u>
a Total receipts in excess of \$50 (or listed above)	
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	ie 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.

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	Amo	unt
3116	FASTS: GNS	922 MAIN ST. WathAM, MA 02451	Campaign Signs	310	78
	rigis (on)	TON PINNI, I'M CON 10 1			
•					
ļ					-
				<u> </u>	-
			•		į
					_
					_
		Line 1	2: Expenditures over \$50	31	0 -
			3: Expenditures \$50 and unde	г*	
	Enter on page 1, line 4	Line	14:TOTAL EXPENDITURE no. 12. Line 13 should include o	ES 31	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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	

<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
:		-	
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	



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



10 MAR 29 AM 6: 03

r Town Clerk or Election Commission Please print or type all inf	ormation, except signa	atures.		
ill in dates: Month Dute You eporting Period Beginning ()3 ()1 20		Month ()3	Desce	Year 2010
ype of report: (Check one) 8th day preceding preliminary \ \sqrt{8th day preceding elections}	on □30 day after el	ection	□year-end repo	rt □dissolution
Full Name of Candidate (if applicable)		Committee	Name	
Tammie Dufault Office Sought and District Sudtyin School Committee	Name o	f Commit	tce Treasurer	
Residential Address 84 SIVER 1811 Rd Sudiaury	Comm	ittee Mail	ing Address	
Tel. No. (optional)			Tel. No	L (optional)
Line 1: Ending balance from pred Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used  Midavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, nance activity, including all contributions, loans, receipts, expenditures, disbut ampaign finance activity of all persons acting under the authority or on behalf of Signed under the periods.	(page 2, line 11)  eriod (page 3, line 1 line 4)  this period (page 4 lities (page 4)  to the best of my knowledge sements, in-kind contribution of this committee in accordance.	S S S S S S S S S S S S S S S S S S S	ities for this reporting	g period and tepresents
Freasurer's signature (in ink)			Date	
FOR CANDIDATE FILINGS	ONLY: (CANDIDATI	E MUST SI	GN 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 I certify that I have examined this report including attached schedules and it is, finance activity, of all persons acting under the authority or on behalf of this c contributions, incurred any liabilities nor made any expenditures on my behalf of Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behalf Signed under the penaltic	to the best of my knowledge ommittee in accordance with during this reporting period. If the separate report to the best of my knowledgements, in-kind contributions of this committee in accorde	the requirer  and belief,  and liabilit	nents of M.O.L. c. 5:  a true and complete ies for this reporting	statement of all campa period and represents G.L. c. 55.

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	(alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
317	Yard Sign Wholespla	Orlando, FL	Yard Signs	405	
•					
					-
					······
***************************************					
			: Expenditures over \$50	405	
		<u></u>	: Expenditures \$50 and under*		Det .
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	405	

<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 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
······································			Y 1 1 1 050	
	,,,,,,,		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
			•	
				_
F	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

#### 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 llumize 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)		unt	Occupation & Employer (for contributions of \$200 or more)
National Property of the Parket of the Parke	Tammie Dufan 14, 84 Silver 1471	405		Audit Director
		····		
p-q-4				
		•		
Line 9:	Total receipts in excess of \$50 (or listed above)	405		
	Total receipts \$50 and under* (not listed above)	10	. 272.00	
	TOTAL RECEIPTS IN THE PERIOD	405		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



# IOWN CLERK Form CPF M 102: Campaign Finance Report, MASS

Municipal Form
Office of Campaign and Political Finance 10 MAR 19 PM 4: 04

File with:				
City or Town	Clerk or	Election	Commission	ľ

Candidate signature (in ink)

	Flease print o	r type all informati	on, except signa	ituros.		
Fill in dates: Reporting Period Beginning	Month Date	2010	Ending	Month De		210
Type of report: (Check one)  38th day preceding prelimina	ry 🖂8th day prec	ceding election	30 day after ele	ection □year-	end report	dissolution
Full Name of Candid (ADUTY PUDIC Office Sought (04 SUVED t Residential	SCHOOLS SC and District COL III ROOD	hool or miller	LISA Name of OH SI	to electommittee Name TURK Committee Tree Ven the ittee Mailing Add	I KOOK	Sixt Cl
Line 2: Tota Line 3: Sub Line 4: Tota Line 5: End Line 6: Tota Line 7: Tota	ling balance fal receipts this total (line 1 plus al expenditur ling balance (dline ling balance) (dline line) outstande of bank(s) un	is period (page line 2) es this period line 3 minus line 4 ributions this p	s report 2, line 11)  I (page 3, line 1 ) Deriod (page 4)	\$ 110 \$ 110 \$ 110 4) \$ 10 \$ 10	7.27 7.27 97.27 30.00 55.43 77.27	
Affidavit of Committee Treasurer: I certify that I have examined this rep finance activity, including all contribu campaign finance activity of all person Treasurer's signature (in ink)	tions, loans, receipts, exp is acting under the author	renditures disbursement	s, in-kind contribution committee in accordan	nce with the requirer	firs tebotring berroc	a min telacocies o
FOR	CANDIDATE	FILINGS ONI	Y: (CANDIDAT	E MUST SIGN BE	LOW)	
Affidavit of Candidate: (check 1 by Candidate with Committee and I certify that I have examined this reginance activity, of all persons acting contributions, incurred any liabilities Candidate without Committee I certify that I have examined this reginance activity, including contributicampaign finance activity of all persons	no activity independent port including attached ac under the authority or or nor made any expenditus OR Candidate with inde- port including attached ac ons, loans, receipts, expe- ons acting under the authors	chedules and it is, to the in behalf of this committ res on my behalf during ependent activity filing thedules and it is, to the conditions dishursements	this reporting period. separate report best of my knowledge, in-kind contribution committee in accord	ge and belief, a true a	and complete statem	nent of all campai

#### 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 Hemize 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

Date Received	ach page. Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
0/10	LIDO GUTCH (LOAN) 64 SILVET HILL RO, SUDDUN MA	295.	00	nomemocon / NA
s/11/10	LIJA GUTCH (LOAN) 64 SILVEN HILL ROL SUDDAY, MA	a95.	00	nomemoken/NA
9/n/10	THE CHAPTER DO STINDING MA	001.		I MI EL CACETT
2/1/10	LISA GUTCH (LOAN)  (04 SILVED HILL Rd. SUDDUN MA  LIDA TWIKINGTON	Q.3Q.	60	nome maken /NA
1/21/10	Wa Turkington	50.	00	none maken/NA
			-	
	COSO ( listed above)	294	- (0	7
Line 9:	Total receipts in excess of \$50 (or listed above)	030		
Line 10	: Total receipts \$50 and under* (not listed above)			
Line 11	: TOTAL RECEIPTS IN THE PERIOD	119		Dittot on Page -

<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 Page 2 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

mber on eac Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun	t
z1 10	OGE GOPHICSIN	50031 STONE RO 248 Long Bottom, OH	100 cogygaaga 5gas for yords	a95. °	0
2/11/10	age gaphesti	rsaazi stole Rdays Long Bottom, 0th	odditional 100 yard signs	295.	0
a/ii/10	exmention speedy	15 Union dienul 5 Sudbury, MA ome	1000 bookmarks nandouts	254.	i7 —
		· ·			
					<u></u>
			•		
					-
					-
					-
		l ine l	2: Expenditures over \$50	844	+
			3: Expenditures \$50 and under	n* 0.50	
	Enter on page 1, line 4		14:TOTAL EXPENDITUR		<u>. </u>

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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
1/19/10	Laurence Boize	26 FIELD ROLL SUDDUNY, MADITION	website design a continued mountainered	300. <sup>w</sup>
	I	Line 15:	In-kind over \$50	300.00
		Line 16:	In-kind \$50 and under	55.43
	Enter on page 1, line 6	Line 17:	Total In-kind	355.43

<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
2/1/10	LIJO GUTCH	64 SILVET HILL ROL SUDDUM, MA	MIJC COJTO - NOT, NOT COPPED, VOTER INT. NOT RECEDIL	ns 033.60
1/21/10	Loo Gutch	64 SILVER HILL ROL SUDBURY MA	signs for yourds	295.00
2/11/10	LIDO GUTCH	64 Silver thill Ra	compaign signs	095.00
2/11/10	LIJA GIUTON	JUDDIN MA	1000 bookmorp/	254.61
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1077.2

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

10 MAR 23 PM 12: 35

or Town Clerk or Election Commission  Please print or type all information, except signature	es.		
Fill in dates: Month Date Year Month Capporting Period Beginning 1 / 1 / 2010 Ending 3	/ 10 /		
Type of report: (Check one)  ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election	on □year-end report □dissolution		
RADHA RAMAN GARGEYA			
Full Name of Candidate (if applicable)  LINCOLN-SUDBURY REGIONAL DISTRICT SCHOOL	nittee Name		
	ommittee Treasurer		
	Committee Mailing Address		
978-443-9050 Tel. No. (optional)	Tel. No. (optional)		
SUMMARY BALANCE INFORMATIO	NI.		
Line 1: Ending balance from previous report	\$ \$ 0,00		
Line 2: Total receipts this period (page 2, line 11)	\$ \$ 465.75		
Line 3: Subtotal (line 1 plus line 2)	\$ \$ 465.75		
Line 4: Total expenditures this period (page 3, line 14)	\$ \$465.75		
Line 5: Ending balance (line 3 minus line 4)	\$ \$0,00		
Line 6: Total in-kind contributions this period (page 4)	\$ 40.00		
Line 7: Total (all) outstanding liabilities (page 4)	\$ \$0:00		
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 finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance w Signed under the penalties of perjury:	I liabilities for this reporting period and represen		
	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 parties that I have even ined this report including attached schedules and it is, to the best of my knowl	edge 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	od.
Condidate without Committee OR Condidate with independent activity filing separate report	
I contigue that I have exemined this report including attached schedules and it is, to the best of my knowl	edge and belief, a true and complete statement of all campaign
finance activity including contributions loans receipts, expenditures, disbursements, in-kind contribut	tions 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 acc	ordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	
RR Caralo	2 /2-1
N1 ( 419 K)	3/23/2010

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 Cceived	Name and Residential Address	Amount		Occupation & Employer (for contributions of \$200 or more)
3/1/10	R. R. Gargeya 120 Powder Mill Rd, Sudbury, MA 01776	\$ 402	50	Software engineer, Egenera
•	·			
······································				
•				
Line 9:	Total receipts in excess of \$50 (or listed above)	\$402	50	
	Total receipts \$50 and under* (not listed above)	\$ 63	25	
	TOTAL RECEIPTS IN THE PERIOD	\$ 465	75	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

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	
3/1/10	A:G.E. Graphics	52231 State Racte 248 Long Rottom, OH 45743	Campaign Signs	7402	.50
•					
2					
······································					
···········	***************************************				
			Expenditures over \$50	\$402	50
			Expenditures \$50 and under*		2.5
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	\$ 465	2.5

<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 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	\$0
		Line 16:	In-kind \$50 and under	\$0
	Enter on page 1, line 6	Line 17:	Total In-kind	4 O

<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	
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)	60	

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

l in dates:  Month Dute Year  porting Period Beginning Feb 19 2010 Ending	Mar Dates 2010
pe of report: (Check one) Sth day preceding preliminary Asth day preceding election 30 day after election	ction
Full Name of Candidate (if applicable)	for S Committee
Chool Committee - Lincoln Sudday Prema,  Office Sought and District  Name of	Committee Treasurer
Sudbarry MA Judba	ites Mailing Address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE INFORMATI	ION:
Line 1: Ending balance from previous report	\$ -0-
Line 2: Total receipts this period (page 2, line 11)	\$ 534.86
Line 3: Subtotal (line 1 plus line 2)	\$ 534.86 5
Line 4: Total expenditures this period (page 3, line 14)	) \$ 434.86 E
Line 5: Ending balance (line 3 minus line 4)	\$ 100.00
Line 6: Total in-kind contributions this period (page 4)	
Line 7: Total (all) outstanding liabilities (page 4)	\$ 534.86
Line 8: Name of bank(s) used Ottoens Bon	AK AG

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 n finance activity, of all persons acting under the authority or on behalf of this committee in acc contributions, incurred any liabilities nor made any expenditures on my behalf during this report  Candidate without Committee OR Candidate with independent activity filing separate	ny knowledge and belief, a true and complete statement of all campaign ordance with the requirements of M.G.L. c. 55. I have not received any tring period.
I certify that I have examined this report including attached schedules and it is, to the best of n finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this committed Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the see in accordance with the requirements of M.G.L. c. 55.
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.

imber on e	ach page.			
Date	Name and Residential Address	me and Residential Address Amoun		Occupation & Employer (for contributions of \$200 or more)
leceived				(101 Continuations of \$200 of more)
19/19/10	137 Haynes Rd Sadbigg	100	as	
27/10	Kevin Matthews - Loan	29	86	
16/10	Revin Matthews - Loan 137 Haynes Rd Sadbary Kevin Matthews - Loan 137 Haynes Rd Sadbary Kevin Matthews - Loan 137 Haynes Rd Sadbary	405	'U'O	Vice President Collegia te Enterprise Salution
6	(3) (1)			
			_	
		•		
	Total receipts in excess of \$50 (or listed above)	505	00	
Line 10:	Total receipts \$50 and under* (not listed above)	29	86	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	1534	86	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

umber on eac Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	
3/6/10	Sign Depot	1813 E.Colomald. Oclando FL	Yard Signs Web Hosting	405	30
2/27/10	Yahoo Small Business	www.bfahoo.com	" Web Hosting	59	8-6
•					
					-
				<del></del>	
,					
***************************************					
	•				<u> </u>
			: Expenditures over \$50	405	OS
			Expenditures \$50 and under*	29	8(
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	434	8

<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 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	~ 0 ~~
		Line 16:	In-kind \$50 and under	_ 0
	Enter on page 1, line 6	Line 17:	Total In-kind	10-

<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
1 ' '	Keiin Matthews	137 Haynes Rd. Suddjury MA	Carapuga Financing	100,00
2/27/10	Kevin Matthows	-06-	_ DO -	29.86
3/6/10	Kevin Mattheas	_00-	_ DU -	405.00
			•	
L	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	534.86



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Linguish 31 AM 9: 49

Fill in Reporting Period dates: Beginning Date: Feb	File with: City or Town Clerk or Election Commission  26, 2010 Ending Date: Mar 22, 2010		
Type of Report: (Check one)			
⊗ 8th day preceding preliminary	30 day after election year-end report dissolution		
Bryan Semple	Semple for LS		
Candidate Full Name (if applicable)	Committee Name		
Lincoln Sudbury Regional High School Committee	Laura Semple		
Office Sought and District	Name of Committee Treasurer		
15 Revere Rd, Sudbury, MA 01776	15 Revere Rd, Sudbury, MA 01776		
Residential Address	Committee Mailing Address		
Telephone Number (optional):	Telephone Number (optional):		
SUMMARY BALANC	CE INFORMATION:		
Line 1: Ending Balance from previous report	\$0		
Line 2: Total receipts this period (page 3, line 11)	\$421		
Line 3: Subtotal (line 1 plus line 2)	\$421		
Line 4: Total expenditures this period (page 5, lin	e 14) \$421		
Line 5: Ending Balance (line 3 minus line 4)	\$0		
Line 6: Total in-kind contributions this period (pa	ge 6) \$0		
Line 7: Total (all) outstanding liabilities (page 7)	\$0		
Line 8: Name of bank(s) used: Citizens Bank, Sudb	ury, MA		
	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: 7/2 1/3-0/0  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 finance, in-kind contributions and liabilities for this reporting period and represents the		
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/22/2のら		

### **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)
Mar 22, 2010	Bryan Semple, 15 Revere Rd, Sudbury, MA	\$271	General Manager, NetApp
ine 9: Total Recei	pts over \$50 (or listed above)	\$271	
·····	ipts \$50 and under* (not listed above)	\$150	
	RECEIPTS IN THE PERIOD	\$421	← 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)
			(10) CONCIDENTIALIONS OF \$200 OF MOTOR
		4-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9	
Line 9: Total Receip	ts over \$50 (or listed above)		
Line 10: Total Receip	ots \$50 and under* (not listed above)		
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
	receipts of \$50 and under include them in line	O. J. ing 10 show	

<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.)

	ditures. Please include your com  To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Mar 8, 2010	sign Depoy	Orlando, Florida	Signs	\$375
Mar 28, 2010	Home Depot	Marlboro, MA	Stakes	\$36
Mar 8, 2010	Go Daddy	Sunnyvale, CA	Internet Site	\$10
		Line 12: Total Expenditu	res over \$50 (or listed above)	
			res \$50 and under* (not listed above)	
	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPE	NDITURES IN THE PERIOD	\$421

<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 Page 4 above.

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				1
				] [
<u> </u>		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
			DITURES IN THE PERIOD	\$

<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 Contribution	ns 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 CONTRIBUTIONS					

<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
				A CONTRACTOR OF THE CONTRACTOR
			A A A A A A A A A A A A A A A A A A A	
				<u> </u>
4				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	NDING LIABILITIES (ALL)	