

# Form CPF M 102: Campaign Finance Report MASS Municipal Form

Office of Campaign and Political Finance

14 APR 30 AM 9: 18

1 (1) 1 (1)			File wit	h: City or Town C	lerk or Elec	ction Commis
Fill in Reporting Period dates: Beginning Date:	Mar 14,	2014	Ending Date:	Apr 20, 201	4	
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding elections.	ction 🗵	30 day after	election 🔲	year-end report	☐ d	issolution
Ellen Winer Joachim		Committee to	Elect Ellen Wine	er Joachim		
Candidate Full Name (if applicable)				mittee Name		
Sudbury School Committee		Michael Joach	ilm			
Office Sought and District			Name of C	ommittee Treasure	r	
6 Craig Lane Sudbury, MA 01776		6 Craig Lane	Sudbury, MA 01	776		
Residential Address			Committe	e Mailing Address		
Telephone Number (optional):	1	elephone Number	er (optional):			
SUMMARY BA	LANCE	INFORMA	TION:			1
Line 1: Ending Balance from previous repo					0	
Line 2: Total receipts this period (page 3, l	line 11)			159.44		
Line 3: Subtotal (line 1 plus line 2)				159.44	/	
Line 4: Total expenditures this period (pag	ge 5, line 14	4)		159.44		
Line 5: Ending Balance (line 3 minus line	4)				0	
Line 6: Total in-kind contributions this per	riod (page	6)		2		
Line 7: Total (all) outstanding liabilities (p			75	5.99 599	.95 Eu	0
Line 8: Name of bank(s) used: Middlesex Sa	avings Bank					
certify that I have examined this report including attached schedules and it is, to ctivity, including all contributions, loans, receipts, expenditures, disbursements in ance activity of all persons acting under the authority or on behalf of this comigned under the penalties of perjury:  COR CANDIDATE FILINGS ONLY: Affidivit of Candidate: (cl. Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and in activity, of all persons acting under the authority or on behalf of this commiticurred any liabilities nor made any expenditures on my behalf during this Candidate without Committee OR Candidate with independent activity. I certify that I have examined this report including attached schedules and in finance activity, including contributions, loans, receipts, expenditures, disbutions.	heck I box onless titee in accordance tis, to the best titee in accorda reporting perior tis, to the best tresements, in-k	ibutions and liabi rdance with the re- ly)  of my knowledg ance with the requod.  te report of my knowledg sind contributions	e and belief, a true as and liabilities for the	ng period and repret L. c. 55.  re) Date:  nd complete statem c. 55. I have not re and complete statem is reporting period	ent of all cand represent	ampaign final contribution
campaign finance activity of all persons acting under the authority or on bel	all of this con	nmittee in accord	(Candidate's signatu		4/29	114

#### 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 19, 2014	Ellen Winer Joachim 6 Craig Lane Sudbury, MA 01776  (LOAN)  EVO	156.04	
.ine 9: Total Rece	ipts over \$50 (or listed above)	156.04	
Line 10: Total Receipts \$50 and under* (not listed above)		3.46	
	RECEIPTS IN THE PERIOD	159.44	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. v. 55 requires commutees to lot, in alphabetical order, all expenditures over 850 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over 850. 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
Mar 19, 2014		Soston Fost Road Mariborough, MA	postcard paper	A A
Mar 19, 2014	Weston Post Office	Colpits Rd Weston, MA	300 postcard stamps	
	The state of the s			
The Charles and the Charles of Market States and American States a				
				And determined as from the springer of groups and determined the schools.
				Automotive and property and pro
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			2000 (1945) 1	vidy ( ) Agin ( constant)
			The state of the s	Constitution of the consti
		Line 12: Total Expenditure	es over \$50 (or listed above)	156.04
		Line 13: Total Expenditure	s \$50 and under* (not listed above)	340
	inter on page 1, line 4 =	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	159.44

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

Page 4

#### 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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		Control of the Contro		тими в немента и повода не немента и на повода не немента на подова не обще повода немента не немента немента Добити немента, и поводити на немента (дей добити немента) немента не	
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Control of the Contro			The second section of the section of the section of the second section of the section of t	Control Manager Control Contro	
To the second of				gat digunagat managanangat kipa tama mandagi dina lambayang kanganak di Sandangan katanangan gana kanganangan kanganangan sandangan kanganangan kanganangan kanganangan	
		Unc. 15: In-Kind Contributions over \$50 (or listed above)			
	Line 16: In-Kind Contributions \$50 & under (not listed above)  Enter on page 1, line 5 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS				
	entures and himself of the age	····································		20	

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

Page 6

#### SCHEDULE D: LIABILITIES

M.G.L. c. 35 requires committees to report 41.1 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	A processed
Mar 3, 2011	Flien Wisser	6 Craig Lane Sudbury, MA 01776	Lown signs	550
Mar 3, 2014	Ellen Wister Acachim	6 Crasg Lane Sudbury, MA 01776	website domain name	49.95
Har 19,2019	Ellon Winer Joach in	6 Crain love Subsidy, MA 01776	portrarks and stamps	156.04
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				Constructions (Invest (Approx
	Section 1 and 1 an			Secretarian
The state of the s				
Variable (1)		CONTRACTOR OF THE CONTRACTOR O		
		Source & Grant A. S.	NDING LIABILITIES (ALL)	<del>2715</del> 755.5

Page ? EUT



Fill in dates:

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

Month

Day

Year

SUDBUK City or Town of:

Month

Day

Please print or type all information, except signatures.

Year

_	eport: (Check One)  day preceding   8th day preceding	g election 30th day following elect	ion 20th day of January
prel	liminary/primary	(Town or Special)	(Year-End Report)
ursuant t	o M.G.L., Chapter 55:		
1. I ce	rtify that I am a candidate for or hold Mur	nicipal Office.	
2. I ce	rtify that I have not received any contribu orting period, and do not have a campaign	tions, made any expenditures, or incurred	any obligations during this
	rtify that I do not have a political committ		
DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
29/19	Barbara F. Dry		Goodnew hilisary
2/4	Susan & Juns	247 Hudson Kd	Board & Health
5/14	Munder Regular	AS BHELTER	Genelogies Vonacher Tist
' '	- V   1 V V V V V V V V V V V V V V V V V		morrow prosection
	*		
		4	



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

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14 MAY -5 AM 9: 41

City or To	own of: SVAB	vey						,
		Pl	ease print or type	all informati	on, except	signatures.		
Fill in dat Reporting	es: ; Period Beginning	Month	Day   -	Year 2014	Ending	Month	Day 20	Year 2014
Type of R	Report: (Check One	e)				***************************************		
	day preceding liminary/primary	□ 8th day	preceding electio		h day follo wn or Spec	owing election cial)	<b>A</b>	20th day of January (Year-End Report)
1. I ce 2. I ce repo	to M.G.L., Chapter ertify that I am a ca ertify that I have no orting period, and e ertify that I do not I	ndidate for or t received any do not have a	contributions, m	ade any expe	enditures, c	or incurred any	obligation	ns during this
DATE	I. SIC Signed under the	SNATURE e penalties of	perjury II.		IAL ADD	3/2-38-79-	III.	OFFICE SOUGHT

DATE	I. SIGNATURE     Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
5/2/14	Hell Illa	598 PEAKNAM ROAD	PANE RECREATION GOMMISSI
			·
-			



# Form CPF M 102: Campaign Finance Report Municipal Form

14 APR 29 AM 9: 14

A CONTRACTOR

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission	4/28/201
Reporting Period - Beginning: 3/14/2014	Ending: 4/28/2014
Type of report: 30 day after election	
Patricía Brown	Committee to Elect Pat Brown
Full Name of Candidate	Committee Name
Sudbury Board of Selectmen	John Kohler
Office Sought/ District	Name of Committee Treasurer
34 Whispering Pine Road	
Sudbury, MA 01776	. 01776
Residential Address	Committee Address
SUMMARY BALANC	ፕሮ <b>ፕ</b> ለፕሮ <b>ሳ</b> ው <b>ለ</b> አምፐ <b>ሳ</b> እነ
Ending Balance from previous re	
Total receipts this period:	\$1,625.00
Subtotal:	\$2,426.09
Total expenditures this period:	\$2,344.81
Ending Balance:	\$81.28
V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Total inkind contributions this Total outstanding liabilities:	7
Name of bank(s) used: Middle	\$1,385.41
name of variates	ser vavings
The state of the s	
Affidavit of Committee Treasurer:  I certify that I have examined this report, including attache belief, a true and complete statement of all campaign finance expenditures, disbursements, inkind contributions and liabili finance activity of all persons acting under the authority or requirements of M.G.L. c. 55.	activity including all contributions, loans, receipts, ties for this reporting period and represents the campaign
Signed under the penalties of perjury:	
Jellet Jely 1841/6	~ 2//28/14
Treasurer's signature (in ink)	Date
Affidavit of Candidate (check 1 box only) :	
Candidate with Committee and no activity independe	nt of the committee
I certify that I have examined this report, and attached sche true and complete statement of all campaign finance activity, this committee in accordance with the requirements of M.G.L. any liabilities nor made any expenditures on my behalf during	dules and it is, to the best of my knowledge and belief, a of all persons acting under the authority or on behalf of c. 55. I have not received any contributions, incurred
Candidate without Committee OR candidate with inde	pendent activity filing separate report.
I certify that I have examined this report and attached sched a true and complete statement of all campaign finance activity disbursements, inkind contributions and liabilities for this finance activity of all persons acting under the authority or requirements of M.G.L. c. 55.	ules and it is, to the best of my knowledge and belief, y including contributions, loans, receipts, expenditures, reporting period and represents the campaign

Signed under the penalties of perjury:
Patricia d Brown

4/28/14

# 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.

Date	Name and Residential Address	Amount	Occupation and Employer
4/5/2014	Brown (Loan), Patricia 34 Whispering Pine Road Sudbury, MA 01776	\$600.00	Retired Retired
4/14/2014	Brown (Loan), Patricia 34 Whispering Pine Road Sudbury, MA 01776	\$50.00	Retired Retired
4/4/2014	Gelsinon, Medeleine 520 Concord Road Sudbury, MA 01776	\$100.00	
3/20/2014	Haarde, Robert 37 Belcher Drive Sudbury, MA 01776	\$100.00	
4/3/2014	Skiffington, Chris 15 Willis Lake Drive Sudbury, MA 01776	\$100.00	
3/21/2014	Sullivan, Andrew 28 French Road Sudbury, MA 01776	\$500.00	President Cio Wealth Management,
	zed Receipts mized Receipts pts	\$1,450.00 \$175.00 \$1,625.00	

# 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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
4/18/2014	Jet Mail Services, Inc. 577 Main Street Hudson, MA 01749	\$2,313.88	Print and Mail Services
	ized Expenditures emized Expenditures aditures	\$2,313.88 \$30.93 \$2,344.81	

#### Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
3/21/2014	Dufault, Tammie 84 Silver Hill Road Sudbury, MA 01776	\$54.40	Postage for mailing
Total Unite	zed Inkind Contributions mized Inkind Contributions d Contributions	\$54.40 \$0.00 \$54.40	

# 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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
4/14/2014	Brown (Loan), Patricia 34 Whispering Pine Road Sudbury, MA 01776	\$50.00	Loan from candidate
4/5/2014	Brown (Loan), Patricia 34 Whispering Pine Road Sudbury, MA 01776	\$600.00	Loan from candidate
2/27/2014	Brown (Loan), Patricia 34 Whispering Pine Road Sudbury, MA 01776	\$735.41	Loan from candidate
Total Outst	anding Liabilities	\$1,385.41	

# 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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
4/14/2014	Brown (Loan), Patricia 34 Whispering Pine Road Sudbury, MA 01776	\$50.00	Loan from candidate
4/5/2014	Brown (Loan), Patricia 34 Whispering Pine Road Sudbury, MA 01776	\$600.00	Loan from candidate
2/27/2014	Brown (Loan), Patricia 34 Whispering Pine Road Sudbury, MA 01776	\$735.41	Loan from candidate
Total Outst	anding Liabilities	\$1,385.41	



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

Office of Campaign and Political Pinanca 14 APR 30 AM 10: 38

File with:		
City of Town	Clerk or Election	Commission

Please print or type all information, except signatures. 2014 Fill in dates: Ending March Reporting Period Beginning\_ Type of report: (Check one) 230 day after election year-end report dissolution ☐8th day preceding election ☐8th day preceding preliminary MBI SON Committee Name Full Name of Candidate (if applicable) Name of Committee Treasurer Office Sought and District Committee Mailing Address Residential Address 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 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 a corruly that a nave examined that report heritoting statutes are it is, to the own of my kindredge and settle, a the contributions, contributions, loans, receipts, expenditures, disbursaments, 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.C.L. c. 55. Signed under the penalties of perjury: Date Treasurer's alguature (in ink) FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) Affidavit of Candidate: (check I box only)

Candidate with Committee and no activity independent of the committee

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 combitations, incurred any Habilities nor made any copynditures on my behalf during this reporting period, combitate without Committee QR Candidate with independent activity filing separate report

Candidate without Committee QR Candidate with independent activity filing separate report

Candidate without Committee Office attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign leaves received and contributions and liabilities for this reportion partial and represents the

I carmy user a nave examined this report architing strained serious aims in it, to the cost of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disburrements, 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 in

# 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 turnize those receipts over \$30. 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

Inte ceived	nch page.  Name and Residential Address  (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more		
CEIVEG	(alphabetical listing required) Riclard J Robison 17 Homestead St	85	79	Candidate		
414	11 Honestead -					
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- Contract of the Contract of			-	A the second of the second		
Line 9	Total receipts in excess of \$50 (or listed above)	8	5 7	9		
line 1	O: Total receipts \$50 and under* (not listed above)			Face on page 1 line 2		
Contract and Street Street, St	1: TOTAL RECEIPTS IN THE PERIOD	8	5 K	Enter on page 1, line 2		

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

## SCHEDULE B: EXPENDITURES

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

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 page.  Date Paid To Whom Paid		Address	Purpose of Expenditure	Amoun	t
	(alphabetical listing)			,	
6/1/14	Staples	771 BOSTON POSTKO Marlboro MA	Supplied Bost cards	85 7	7 <i>4</i> 2
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anante anno anno anno anno anno anno anno ann			Annual Control of the		
West Manufacture of the Control of t		Line	12: Expenditures over \$50	85	12
		Line	13: Expenditures \$50 and under	8	-
	Enter on page 1, line 4	Line	14:TOTAL EXPENDITURE	s 85	-

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



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

Office of Campaign and Political Finance

14 APR 28 PM 6:

City or Town of:	Ple	ase print or type :	all informat	ion excent		r! Lian	n J. Vesety
Fill in dates: Reporting Period Beginning	Month	Day 19	Year 2014	Ending_	Month April	Day 20	Year ZOIY
Type of Report: (Check One  8th day preceding preliminary/primary		receding election		h day follov wn or Speci	ving election		oth day of January ear-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
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-			
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	115-03045		



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

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				100			- 4 00

of Massachusetts				14 MAY -	L AM IO:	35
City or Town of: SUDBUR	24					
	Please prin	t or type all informa	ation, except	signatures.		
Fill in dates:  Reporting Period Beginning	Month Day 14	Year 2014-	_ Ending_	Month	Day 31	Year 14
Type of Report: (Check One)  8th day preceding preliminary/primary	□ 8th day precedin		Oth day follow	wing election		th day of January ar-End Report)
I. I certify that I am a cand I. I certify that I have not r reporting period, and do I certify that I do not have	idate for or hold Mu eceived any contribu not have a campaign ve a political commit	ntions, made any ex n fund in existence. tee.				4.72
DATE I. SIGN Signed under the p	ATURE penalties of perjury		and Number)		III. OF	FICE SOUGHT
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			- 14			

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

City or To	own of: SUDBO	uzy	·						
		P	ease print or ty	pe all inform	ation, except s	signatures.			
Fill in dat Reporting	es: Period Beginning	Month 3	Day /	Year 2014-	Ending_	Month 4	Day 30	Year 14	
-			-					- 7	-
□ 8th	eport: (Check One day preceding liminary/primary		preceding elec		0th day follov Town or Speci			Oth day of January ear-End Report)	ABBBB
1. I ce 2. I ce rep	to M.G.L., Chapter or tify that I am a cause or tify that I have no orting period, and contify that I do not he	ndidate for or t received any do not have a	contributions, campaign fund	made any ex		incurred any	obligations o	during this	W/ 55
DATE	I. SIC Signed under the	NATURE			NTIAL ADDR	ESS	III. OF	FICE SOUGHT	
1/29/14	mates	.Kg			MA OUTE		PLANNI.	NE BOARD	
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				10000444444					



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

SUDBURY, MASS

14 MAY -2 PM 3: 08

Date

File with:

City or Town Clerk or Election Commission

Candidate signature (in ink)

Please print or type all info	rmation, except signatures.
Fill in dates:  Reporting Period Beginning March 14 Year	Ending April 20 Year 4
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	n Ø30 day after election Øyear-end report □dissolution
. Elena Klei Pries	
Full Name of Candidate (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
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 l  Line 6: Total in-kind contributions the line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	riod (page 3, line 14)  sine 4)  sine years of the first period (page 4)  sine years of the first period (page 4)
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, t finance activity, including all contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behalf of Signed under the pen	to the best of my knowledge and belief, a true and complete statement of all campaigements, in-kind contributions and liabilities for this reporting period and represents to this committee in accordance with the requirements of M.G.L. c. 55.  alties of perjury:  Date
	ONLY: (CANDIDATE MUST SIGN BELOW)
FOR CANDIDATE FILINGS	OTTELL (CUIDIDATE MOOT SIGHT BUSS)

AMERICA OF CAMERIANCE: (CIRCLE 1 BOX ONLY)
Candidate with Committee and no activity independent of the committee
at the analysis at the annual including attached schedules and it is to the heat of my knowledge and belief, a true and complete statement of an employee
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
finance activity, of all persons acting under the addition of the activity of
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
The second secon
Candidate without Committee Or Candidate and it is to the best of my knowledge and belief a true and complete statement of all campaign
Candidate without Committee OR Candidate with interpretation and it is, to the best of my knowledge 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 the best of my knowledge and belief, a true and complete statement of all campaign
and it is a second and in the second and it is a se
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.
campaign finance activity of all persons acting under the address,
Signed under the penalties of perjury:
71 11 2014
11/ 20/1

#### 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

Date eceived	Name and Residential Address (alphabetical listing required)	Amoun	Occupation & Employer (for contributions of \$200 or more)
		15	
		-	
	*		
Line 9: To	otal receipts in excess of \$50 (or listed above)		
Line 10: To	otal receipts \$50 and under* (not listed above)		
Line 11: T	OTAL 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 itemi Page 2 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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
•				
		*		
		Titur	e 12: Expenditures over \$50	
			13: Expenditures \$50 and under*	
	Enter on page 1, line 4		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 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	G 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



# Form CPF M 102: Campaign Finance Report

# Municipal Form Over Cherk

Office of Campaign and Political Finance

Commonwealth of Massachusetts	File With City or Fown Clerk or Pacetion Commission
Fill in Reporting Period dates: Beginning Date: Mar 1	14, 2014 Ending Date: Apr 20, 2014
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election
John Drobinski	Committee to Re-Elect John Drobinski
Candidate Full Name (if applicable)	Committee Name
Selectman	William Keller
Office Sought and District	Name of Committee Treasurer
94 Woodside Road, Sudbury MA 01776	31 Churchili Street, Sudbury, MA 01776
Residential Address	Committee Mailing Address
Telephone Number (optional): (978) 443-3526	Telephone Number (optional): (978) 443-4158
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	500
Line 2: Total receipts this period (page 3, line 11	100
Line 3: Subtotal (line 1 plus line 2)	600
Line 4: Total expenditures this period (page 5, lin	ine 14) 600
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (p	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Middlesex Savings	; Bank
activity, of all persons acting under the authority or on behalf of this continues in a incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to the continues of the continue	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55.  I have not received any contributions, ing period.  Separate report the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period.  Separate report the best of my knowledge and belief, a true and complete statement of all campaign period in the period of the period of the period and represents the
finance activity, including contributions, loans, receipts, experiments, disousement campaign finance activity of all persons acting under the authority or on behalf of the signed under the penalties of perjury:	this committee in accordance with the requirements of M.O.E. 6-33.  (Candidate's signature)  Date:

#### SCHEDULE A: RECEIPTS

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

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Received	lease include your committee name and a pa Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical hoting require)		
	L		
	W. C.		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
***************************************	Account		
	Law Control of the Co		
		<u> </u>	
	The state of the s		
	Table Property		
Line 9: Total Rece	cipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)	100	
		100	Grand Touton on page 1 line 2
	RECEIPTS IN THE PERIOD  d receipts of \$50 and under, include them in lin		

<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)
1			
		;	
The second secon			
-			
Line 9: Total Rece	ipts over \$50 (or listed above)		
·····	cipts \$50 and under* (not listed above)		
Line II: TOTAL I	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 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
Apr 20, 2014	Eric J Drobinski Memorial Scholarship Fund	94 Woodside Road Sudbury, MA 01776	Charitable Donation	403.85
				<b>P</b>
		Line 12: Total Expenditures	over \$50 (or listed above)	403.85
		Line 13: Total Expenditures	\$50 and under* (not listed above)	196.15
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	600

<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)

D-4- D-13	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	I at bose of stapendicute	- AAIA O GAAC
		1		
		1		
		######################################		
		1		
		1		
		And the state of t		
ere en	Edition To the Control of the Contro			
		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 a		
			ITURES IN THE PERIOD	
	Enter on page 1, line 4 →	i	3 should include only those 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 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
	F 7			
Tarana and an and an				
**************************************				
		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
A Management of the Control of the C	}			
A. (1. (2. (2. (2. (2. (2. (2. (2. (2. (2. (2			Landard Annual Control of Control	
				<u></u>
		2000		
				***************************************



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

IUWN CLERK SUDEURY MASS

14 APR 30 PM 3: 56

Date /

File with:

City or Town Clerk or Election Commission

Candidate signature (in ink)

Please print or type all information, except signatures.

Till in dates:  Month Date Year  Reporting Period Beginning 3 14 20	Month Finding	Date 20	Year 2014	
ype of report: (Check one)  8th day preceding preliminary   8th day preceding election	n 🛛 30 day after election	n Dyear-end report	□dissolution	
Sherile P-Clove Full Name of Candidate (if applicable) SURGONY HOUSING Auth.	Comm	ittee Name		
Office Sought and District	Name of Con	mittee Treasurer		
84 Cox Cox Rd	Committee	Mailing Address		
Tel. No. (optional)	Tel. No. (optional)			
Line 1: Ending balance from prevalue 2: Total receipts this period (Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (Line 5: Ending balance (line 3 minus line 5: Ending balance (line 3 minus line 6: Total in-kind contributions to Line 7: Total (all) outstanding liability 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, finance activity, including all contributions, loans, receipts, expenditures, disburt campaign finance activity of all persons acting under the authority or on behalf of Signed under the period.	rious report (page 2, line 11)  riod (page 3, line 14) line 4)  his period (page 4) ities (page 4)  to the best of my knowledge and sements, in-kind contributions and of this committee in accordance w	S O S O S O S O S O S O S O S O S O S O	erron error referencement	
Treasurer's signature (in ink)		Date		
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MU	ST SIGN BELOW)		
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee and it is, finance activity, of all persons acting under the authority or on behalf of this 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, disburse campaign finance activity of all persons acting under the authority or on behalf Signed under the penaltic	to the best of my knowledge and ommittee in accordance with the r during this reporting period. y filing separate report , to the best of my knowledge and ements, in-kind contributions and of this committee in accordance	belief, a true and complete st	atement of all campaigeriod and represents to 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 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 eceived	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)	
	*				
	+	,			
-				,	
Lina O: To	tal receipts in excess of \$50 (or listed above)				
Line 10. To	otal receipts \$50 and under* (not listed above)				
Line 10. 10	OTAL RECEIPTS IN THE PERIOD		1	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 Page 2 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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
					-
				*:	+
				11	
			•	-	-
				-	+
					-
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		e 12: Expenditures over \$50		
			e 13: Expenditures \$50 and under*		1
	Enter on page 1, line 4		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 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

IUWN CLERK SUDBURY, MASS

14 APR 30 AM II: 44

File with: City or To

Fill in dates:  Reporting Period Beginning 3 14 201	Ending 4 20 2014		
Type of report: (Check one)  18th day preceding preliminary   8th day preceding election	n 30 day after election year-end report dissolution		
Sofya L. Gruman-Reguit	Committee Name		
25 School Committee			
52 Tan book Rd Sudbury	Name of Committee Treasurer  Committee Mailing Address		
Residential Address			
Tel. No. (optional)	Tel. No. (optional)		
Line 1: Ending balance from prev Line 2: Total receipts this period ( Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this pe Line 5: Ending balance (line 3 minus 1 Line 6: Total in-kind contributions t Line 7: Total (all) outstanding liabilit 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, finance activity, including all contributions, loans, receipts, expenditures, disbur campaign finance activity of all persons acting under the authority or on behalf o Signed under the per	(page 2, line 11)  Signature of the best of my knowledge and belief, a true and complete statement of all campa sements, in-kind contributions and liabilities for this reporting period and represents of this committee in accordance with the requirements of M.G.L. c. 55.  Insaltles of perjury:		
Treasurer's signature (in ink)	Date		
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)		
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf of Candidate without Committee OR Candidate with independent activity.	committee in accordance with the requirements of M.G.L. c. 55. I have not received during this reporting period.  y filing separate report, to the best of my knowledge and belief, a true and complete statement of all camps, to the best of my knowledge and belief, for this reporting period and represents in kind contributions and liabilities for this reporting period and represents.		

Signed under the penalties of perjury:

Candidate signature (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 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

number on each page.

Date cceived	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
_				
	•			
Line 9: T	otal receipts in excess of \$50 (or listed above)		-	
Line 10. T	otal receipts \$50 and under* (not listed above)			
1. 11. T	OTAL RECEIPTS IN THE PERIOD	0	0	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 the Page 2 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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
*				
			•	
		Lir	e 12: Expenditures over \$50	
			ne 13: Expenditures \$50 and under*	
	Enter on page 1, line 4		ne 14:TOTAL EXPENDITURES	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
		Line 15	: In-kind over \$50	
		Line 16	: In-kind \$50 and under	
	Enter on page 1, line 6	Line 1'	: Total In-kind	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.

# 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 LIABI	LITIES (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



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

14 APR 30 AM 9: 17

	I	Please print or typ	e all inform	ation, except s	ignatures.		
Fill in dates: Reporting Period Beginnin	Month g March	Day 14, 2014	Year	Ending_	Month April 20,	Day 2014	Year
Type of Report: (Check O	ne)						
8th day preceding preliminary/primary		y preceding elect		0th day follow Town or Specia			20th day of January (Year-End Report)
<ol> <li>I certify that I have n reporting period, and</li> <li>I certify that I do not</li> </ol>	d do not have a	y contributions, a campaign fund	Office. made any ex in existence.	penditures, or	incurred any	obligation	ns during this
reporting period, and 3. I certify that I do not  DATE I. SI	d do not have a thave a politic	ny contributions, a campaign fund cal committee.	made any ex in existence.	NTIAL ADDR			os during this
reporting period, and 3. I certify that I do not  DATE Signed under the	d do not have a thave a politic	ay contributions, a campaign fund cal committee.	made any ex in existence.	NTIAL ADDR and Number)		III.	
reporting period, and 3. I certify that I do not  DATE Signed under the	d do not have a thave a politic	ay contributions, a campaign fund cal committee.	made any ex in existence.  I. RESIDEN (Street a	NTIAL ADDR and Number)		III.	OFFICE SOUGHT
reporting period, and 3. I certify that I do not  DATE I. SI	d do not have a thave a politic	ay contributions, a campaign fund cal committee.	made any ex in existence.  I. RESIDEN (Street a	NTIAL ADDR and Number)		III.	OFFICE SOUGHT
reporting period, and 3. I certify that I do not  DATE Signed under the	d do not have a thave a politic	ay contributions, a campaign fund cal committee.	made any ex in existence.  I. RESIDEN (Street a	NTIAL ADDR and Number)		III.	OFFICE SOUGHT



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

-			
111	e	with:	•

or Town Clerk or Election Commission Please pri	nt or type all inform	nation, except sign	atures.		
ill in dates:  Month Leporting Period Beginning	14 201L	Ending_	Month 4	Date 20	Year 2014
ype of report: (Check one) 18th day preceding preliminary   8th day	preceding election	□30 day after el	lection	□year-end report	□dissolution
Lisa V. Kachakdijan					
Sud bung School Comm			Committe	e Name	
30 Mean autorook Cir		Name o	f Commi	ttee Treasurer	
Residential Address		Comm	ittee Ma	iling Address	
Tel. No	o. (optional)			Tel. No. (	optional)
Line 2: Total receipts Line 3: Subtotal (line 1 p Line 4: Total expendit Line 5: Ending balance Line 6: Total in-kind co Line 7: Total (all) outstat Line 8: Name of bank(s)  Affidavit of Committee Treasurer: I certify that I have examined this report including attache finance activity, including all contributions, loans, receipts campaign finance activity of all persons acting under the attached	cures this period time 2) tures this period time 3 minus line ontributions this anding liabilities and used	od (page 3, line 1 e 4)  S period (page 4 es (page 4)  he best of my knowledgents, in-kind contribution is committee in accordance	4) S	E, a true and complete sta	errod and represents t
Treasurer's signature (in ink)				Date	
FOR CANDIDAT	E FILINGS OF	NLY: (CANDIDAT	E MUST S	GIGN BELOW)	
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of certify that I have examined this report including attaches finance activity, of all persons acting under the authority contributions, incurred any liabilities nor made any expendent of Candidate without Committee OR Candidate with I certify that I have examined this report including attach finance activity, including contributions, loans, peciples, campaign finance activity of all persons acting under the activity of all persons acting under the second contributions.	ed schedules and it is, to to or on behalf of this committees on my behalf duris independent activity fill	nittee in accordance will ng this reporting period. ing separate report the best of my knowledg ints, in-kind contribution this committee in accord	h the requir	f a true and complete st	atement 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 tumize 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 eceived	Name and Residential Address (alphabetical listing required)	Amor	unt	Occupation & Employer (for contributions of \$200 or more)
-				
	- ky	,		
	0000 ( 15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
Line 9:	Total receipts in excess of \$50 (or listed above)		-	
Line 10:	Total receipts \$50 and under* (not listed above)		-	1 12 0
Line 11:	TOTAL 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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	int
•					
					•
					T
	*				
	4				
,					
					-
			e 12: Expenditures over \$50		-
			te 13: Expenditures \$50 and under*		+
	Enter on page 1, line 4		ne 14:TOTAL EXPENDITURES	.1	1

<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	G LIABILITIES (ALL)	



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

SUDBURY MASS

14 APR 28 PH 12: 06

File with:

City or Town Clerk or Election Commission

Candidate signature (in ink)

Please print or type all information, except signatures.

Fill in dates:  Reporting Period Beginning HILLA Date Yes  Reporting Period Beginning	
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding elections	on 30 day after election  year-end report dissolution
Full Name of Candidate (if applicable)  SUBSIGN PUBLIC SCHOOL (APPOITE CE  Office Sought and District  HOWE BELLY HILL WITH  Residential Address  9 HR 440 PASS	Committee Name  VANCE STEVENSON  Name of Committee Treasurer  HG BUEBELLY HULL  Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from presentine 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used	(page 2, line 11) \$   \( \sigma \) \$   \( \sigma \
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is finance activity, including all contributions, loans, receipts, expenditures, disbu campaign finance activity of all persons acting under the authority or on behalf Signed under the persons acting under th	is, to the best of my knowledge and belief, a true and complete statement of all campaign personners, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.    A
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf Candidate without Committee OR Candidate with independent activities.	s, to the best of my knowledge and belief, a true and complete statement of all campaign committee in accordance with the requirements of M.G.L. c. 55. I have not received any furning this reporting period. ty filling separate report is, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the If 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 lumize 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)
গঠ <b>া</b>	Townie Durant T & liver 1511	15	_	
				4-
				ж.
Line 9:	Total receipts in excess of \$50 (or listed above)	75	-	
	Total receipts \$50 and under* (not listed above)	50		
1 inc 11.	TOTAL RECEIPTS IN THE PERIOD	125	-	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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	nt
86-	HARONS -		Starts	618	
24/2		effunctions of	Shanks Suppore)	1296	_
816- 24/2 3/34	BJ's WHILESTLE Compaiopoumer		waste	29	
	,				(40
		Lin	Line 12: Expenditures over \$50		-
		Lin	1 1 00 100	-	
	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 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)		