

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Of Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	/01/2015 Ending Date: 3/12/2015
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☑ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
our day preceding premium.	
Gregory P. Hamill	
Candidate Full Name (if applicable)	Committee Name
Goodnaw Library Trustee - Sudbry	3 04
Office Sought and District	Name of Committee Treasurer
	N XC
16 Pine Street Sudbury MA 01776	2 % V. W. W. W
Residential Address	
Telephone Number (optional): (978) 443 - 6496	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)	C -
Line 3: Subtotal (line 1 plus line 2)	0-
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 4. Total expenditures and period (page 5)	
Line 5: Ending Balance (line 3 minus line 4)	0-
Line 6: Total in-kind contributions this period (pa	age 6) 4,0 c
Line 7: Total (all) outstanding liabilities (page 7)	O
Line 8: Name of bank(s) used: Mrddle sex	Savings Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best	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	(Treasurer's signature) Date:
Signed under the penalties of perjury:	(Treasurer 3 signature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox 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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne 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, ag period.
Candidate without Committee OR Candidate with independent activity filing some I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the his committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Ayay P Hamil	(Candidate's signature) Date: 3/12/2015

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)
NAWO USOU SAH GI			
CLER CLER			
大部 12			
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

SCHEDULE B: EXPENDITURES

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

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

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Figure 1			
	THE PERSON			BEET STEEL	
				FEBRUARY.	
100000000000000000000000000000000000000					
		Line 12: Total Expenditures ov	er \$50 (or listed above)		
		The 12. Fotor Expenditures 0V	or 430 (or fisted above)		
	Line 13: Total Expenditures \$50 and under* (not listed above)				
		Line 14: TOTAL EXPENDIT			
you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

^{*} 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		RATION REPORTS			
The state of					
		Line 12: Expenditures over S			
		Line 13: Expenditures \$50 ar	nd under* (not listed above)		
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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

Page 5

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
2/24/15			Name Stickers	#4
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$4

^{*} 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Formudbury, MASS

Office of Campaign and Political Finance
2015 HAR 23 PM 1: 40

EUL D. J. D. J. L	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: TAN	O1,15 Ending Date: MARCH 13,3015
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 3	0 day after election year-end report dissolution
Faunt Sample	COMMITTEE TO ELECT BRYAN SOMPLET
BRY AN SEMPLE Candidate Full Name (if applicable)	Committee Name
SUDBURY BOARD OF SELECTMEN	LAWRA SEMPLE
Office Sought and District	Name of Committee Treasurer
IS REVERE RD.	I REVERE RD. SUBBURY MA
Residential Address	Committee Mailing Address
Telephone Number (optional): 9/8-500-179	lephone Number (optional):
SUMMARY BALANCE IN	NFORMATION:
Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	12000
Line 3: Subtotal (line 1 plus line 2)	(200,00
Line 4: Total expenditures this period (page 5, line 14)	875.33
Line 5: Ending Balance (line 3 minus line 4)	324.67
Line 6: Total in-kind contributions this period (page 6	00.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used: Citizens	Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions, loans, receipts, expenditures, disbursements, loans,	butions 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 accord Signed under the penalties of perjury:	(Treasurer's signature) Date: 323-15
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only	
Candidate with Committee and no activity independent of the committee	
I certify that I have examined this report including attached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period	nce with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separated I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-king campaign finance activity of all persons acting under the authority or on behalf of this committee.	of my knowledge and belief, a true and complete statement of all campaign ind contributions and liabilities for this reporting period and represents the
Signed under the penalties of periury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2-24-15	JOHN KOHLER 33 POSUM	250.00	COO, Jet-Mail
3-11-15	Dan De Pompei Hayres	200.00	Retive & Maul Officer
3-12-15	Juli Klemm 7 Revere	50.00	Roseacher
2-26-15	Scon Sawn Spoff	50.00	
3-12-15	Jacania Tuner 68 Bent 2d.	S0.00	
2-23.15	Bob Palumbo La Sayatte	100.00	Sales, Kyacon
2-23-15	Bryan Semple	500.00	Cmo, Smartheor Sotru
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Hall Williams			
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
		ne 0 Line 10 show	Lander on page 1, line 2 uld include only those receipts not itemized above.

^{*} 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
3/1/15	Facebook	Palo Atro, CA	Chline ads	24,86
314/15	Facebook	Palo Alo, CA	online ads	25.08
3/8/15	Facebook	PaloAlN, CA	onlitecta	49.76
3/11/15	Facebook	Palo Alm, CA	online ads	50.01
3/6/15	Fedex	375 Coch, Mar Rd. Frank MA.	Signs	50,98
3/1/15	Najen builder	S20 S. 6 and Are LA, CA 90071	website	19,95
3/1/1-	Signs on the Charp	Avsin Texas	Signe	371.82
3) 1417	Signs in the cheap	Asin Texas	Signs	-99,55
3/3/15	STUPES			
3/1/15	Wayside Inn	Hanny dance		41.05
		Line 12: Total Expenditures ov	er \$50 (or listed above)	875.33
	Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		875.33

^{*} 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)

*		LE B. EAFENDITURES (C		
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				MINISTRA
NE THE				
			IS THE RESERVE OF THE STATE OF	
				The Resi
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on many 1. Hay 4. N	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
. 10 1 1			hould include only those expenditur	es not itemized

^{*} 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 5

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
Date Received	MULLY LOCAL	Acsidential Address		, and
3-14-15	21 (00)10		COPPET	1
3-14-15	Molly layar	33 Virginia Ridge SUBURY MOITS		\$ 20,00
		No. of the last of		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	20,00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	20,00

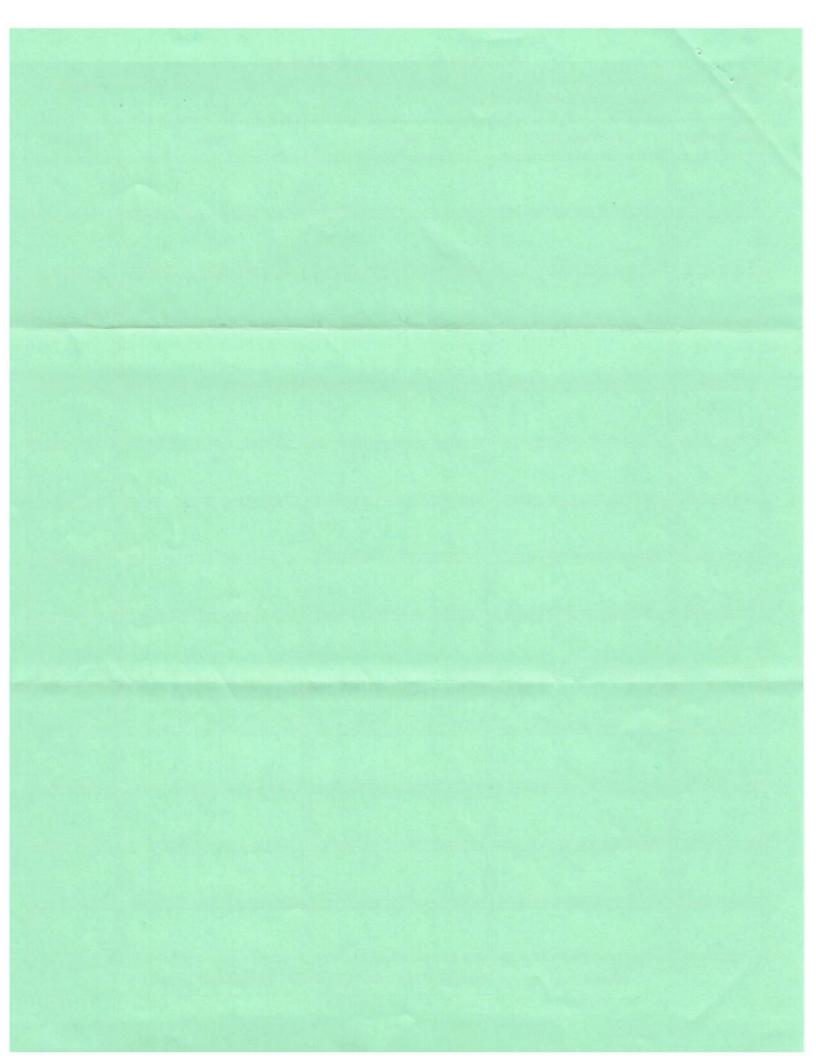
^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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



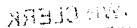


Form CPF M 102: Campaign Finance Reportury, MASS Municipal Form

Office of Campaign and Political Finance

2015 MAR 23 PM 1:39

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jar	n 21, 2015 Ending Date: Mar 12, 2015
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Charles C Woodard	Committee to Reelect Chuck Woodard
Candidate Full Name (if applicable)	Committee Name
Coloniana Cudhum	Elizabeth Eggleston
Selectman, Sudbury Office Sought and District	Name of Committee Treasurer
	32 Old Framingham Rd Unit 29, Sudbury, MA 01776
32 Old Framingham Rd Unit 29, Sudbury, MA 01776	Committee Mailing Address
Residential Address Telephone Number (optional): (978) 443-0681	Telephone Number (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line	1,612.54
Line 3: Subtotal (line 1 plus line 2)	1,612.54
Line 4: Total expenditures this period (page 5,	line 14) 612.54
Line 5: Ending Balance (line 3 minus line 4)	1,000
Line 6: Total in-kind contributions this period	(page 6) 0
Line 7: Total (all) outstanding liabilities (page	7) 612.54
Line 8: Name of bank(s) used: Middlesex Saving	gs Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority of on behalf of this committee. Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign finance sind contributions and liabilities for this reporting period and represents the campaign see in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 3/2.2/15
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this repo	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period.
finance activity, including contributions, loans, receipts, expenditures, disbursen campaign finance activity of all persons acting under the authority or on behalf of	to the best of my knowledge and belief, a true and complete statement of all campaign ments, 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.
Signed under the penalties of perjury:	(Candidate's signature) Date: 322/15



SCHEDULE A: RECEIPTS

3. M.C.h. 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)
Feb 12, 2015	Barbara Ryan 155 Ford Road Sudbury, MA 01776	100	
Feb 12, 2015	Jack Ryan 155 Ford Road Sudbury, MA 01776	100	
Mar 12, 2015	Charles Woodard 32 Old Framingham Rd Unit 29 Sudbury, MA 01776	612.54	LOAN Retired
Line 9: Total Rece	ipts over \$50 (or listed above)	812.54	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	800	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1,612.54	← Enter on page 1. line 2

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

SCHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.)

D. 4 D. 11	To Whom Paid	A did associate	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	rurpose of expenditure	VINORBI
Feb 28, 2015	Staples	Route 20 Mariboro, MA 01752	palm cards	52.38
Mar 12, 2015	Staples	Route 20 Marlboro, MA 01752	palm cards	15.16
Mar 5, 2015	A,G.E. Graphics	52231 State Route 248 Long Bottom, Ohio 45743	lawn signs	545
		Line 12: Total Expenditures o	ver \$50 (or listed above)	612.54
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	612.54

^{*} 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 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
Mar 12, 2015	Charles Woodard	32 Old Framingham Rd Unit 29 Sudbury, MA 01776	credit card payments for the purchase of campaign materials	612.54
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	612.54



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

2015 MAR 23 PM 1: 43

Fill in Reporting Period dates: Beginning Date:	Ending Date: 3/12/15				
Type of Report: (Check one) ☐ 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Candidate Full Name (if applicable)	Committee Name				
Office Sought and District	Name of Committee Treasurer				
Residential Address	Committee Mailing Address				
Telephone Number (optional):	Telephone Number (optional):				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report					
Line 2: Total receipts this period (page 3, line 11)	¥400.00				
Line 3: Subtotal (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, line	214) \$400.00				
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page	ge 6)				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used:					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:					
Signed under the penalties of perjury:	(Treasurer's signature)				
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, in the committee in accordance with the requirements of M.G.L. c. 55.					
incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/23/15				

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)
3/4/15	Lisa kardokryjan Twe bsite design	400.00	
3 18 5	Stickets An sign	ES	
Line 9: Total Rece	cipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	0.11:10:-1	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			Name of the last o
			THE RESERVE AND ADDRESS OF THE PARTY OF THE
ine 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		

^{*} 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.)

report all expenditures. Please include your committee name and a page number on each page.)					
	To Whom Paid		D	A	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
314/15	Carol Bugher Dongn	West Roxhing,	Website Design	400.00	
郵					
		Line 12: Total Expenditures ov	ver \$50 (or listed above)		
	Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized.				

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			ALCOHOLD DE LA COLUMNIA DE LA COLUMN	TA (1251)
TO THE YOU				
	WE WESTERN STREET			
			THE PROPERTY OF THE PARTY OF TH	
		Line 12: Evnanditures over \$50	(or listed above)	
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
		II. 14 month property	LIDEC IN THE DEDICE	
	Enter on page 1, line 4 →		hould include only those expenditure	

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

^{*} 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



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

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 2/3	3/15 Ending Date: 3/12/15
Type of Report: (Check one)	₹/2
☐ 8th day preceding preliminary ☐ 8th day preceding election	
and any preceding premium;	2
Susan Iuliano	Committee to Elect Susan Juliano
Candidate Full Name (if applicable)	Committee Name
	N D-TI
Sudbury Board of Selectman Office Sought and District	Name of Committee Treasurer S S
Office Bought and District	Ivalie of Committee Treasurer &
22 Jason Drive, Sudbury, MA 01776	8 Skyview Lane, Sudbury, MA 01776
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	
Line 1. Linding Balance from previous report	o
Line 2: Total receipts this period (page 3, line 1	11) 4,222
Line 3: Subtotal (line 1 plus line 2)	4,222
Line 4: Total expenditures this period (page 5,	line 14)
Line 5: Ending Balance (line 3 minus line 4)	2,703
Line 6: Total in-kind contributions this period ((page 6) 0
Line 7: Total (all) outstanding liabilities (page 2	7)
Line 8: Name of bank(s) used: Santander	
Affidavit of Committee Treasurer:	
	best of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 3/19/15
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting period.
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penaltics of perjury: Swamdular	(Candidate's signature) Date: 3/19/15

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 03/01/15 03/08/15 03/11/15 /arious	(alphabetical listing required) Jeffrey Beeler 57 Wagonwheel Road Sudbury, MA 01776 Wendy Casey 51 Fox Run Road Sudbury, MA 01776 Helen Crary 1 Hunt Road Sudbury, MA 01776 Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox	\$250 \$250 100 250	(for contributions of \$200 or more) Attorney Heinlein, Beeler, Mingace & Heineman, PC None Not Employed None
03/08/15 02/22/15 03/11/15 /arious	57 Wagonwheel Road Sudbury, MA 01776 Wendy Casey 51 Fox Run Road Sudbury, MA 01776 Helen Crary 1 Hunt Road Sudbury, MA 01776 Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox	250	None None
03/08/15 02/22/15 03/11/15 /arious	Wendy Casey 51 Fox Run Road Sudbury, MA 01776 Helen Crary 1 Hunt Road Sudbury, MA 01776 Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox	250	None Not Employed
13/08/15 12/22/15 13/11/15 /arious	51 Fox Run Road Sudbury, MA 01776 Helen Crary 1 Hunt Road Sudbury, MA 01776 Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox	250	Not Employed None
2/22/15 23/11/15 /arious	51 Fox Run Road Sudbury, MA 01776 Helen Crary 1 Hunt Road Sudbury, MA 01776 Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox	250	Not Employed None
02/22/15 03/11/15 /arious	Sudbury, MA 01776 Helen Crary 1 Hunt Road Sudbury, MA 01776 Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox	250	Not Employed None
02/22/15 03/11/15 /arious	Helen Crary 1 Hunt Road Sudbury, MA 01776 Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox	250	Not Employed None
23/11/15 /arious	I Hunt Road Sudbury, MA 01776 Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox		Not Employed None
/3/11/15 /arious	Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox		None
/3/11/15 /arious	Elizabeth Darley 106 Thunder Road Sudbury, MA 01776 Daniel Fox		
23/11/15 /arious	106 Thunder Road Sudbury, MA 01776 Daniel Fox		
⁄arious	106 Thunder Road Sudbury, MA 01776 Daniel Fox	250	
⁄arious	Daniel Fox	250	Not Employed
⁄arious	111	2501	
	111	2.10	
	LD3 Criscom Bood		(Please see list of Expenditures for dates of receipt)
	23 Griscom Road Sudbury, MA 01776	[Property of the Control of the Contr
03/07/15	Saddary, Inv. 02770	63-LOAN	
3/07/15	Jamie Gossels		
3/07/15	11 Spiller Circle		
	Sudbury, MA 01776	100	
	Elizabeth Hefferon		Attorney
	8003 Greenwich Woods Drive		Not Employed
	McLean, VA 22102		
12/27/15		250	
	Susan Iuliano 22 Jason Drive		Attorney
	Sudbury, MA 01776		Not Employed (Please see list of Expenditures for dates of receipt)
/arious		1,409 -LOAN	- Table of Experialization of Tablesper
	Karen Krone		
	64 Meadowbrook Circle	ll i	
3/06/15	Sudbury, MA 01776	1.50	
	Marilyn Martino		
1	73 Meadowbrook Circle		
DUDUE	Sudbury, MA 01776		
02/10/15		150	
	Corinne Meyer 8 Skyview Lane		
	Sudbury, MA 01776		
3/03/15		100	
	Bob Morrison		
į	16 October Road Sudbury, MA 01776		[]
2/26/15	Budbury, PrA 01776	1.00	
ine 9: Total Recei	ipts over \$50 (or listed above)		
ine 10: Total Rece		FT	
ine 11: TOTAL F	eipts \$50 and under* (not listed above)		

^{*} 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)

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
	Mark Nicklaus			
	3523 Ruston			
02/28/15	Amarillo, TX 79109	100		
	Steven Richmond		Attorney	
	10 Alta Road		Beveridge & Diamond	
02/13/15	Sudbury, MA 01776	200		
	Leonard & Gail-Ann Simon			
	40 Meadowbrook Circle			
000505	Sudbury, MA 01776			
02/15/15		100		
	Jill Stansky 36 Skyview Lane		None Not Employed	
	Sudbury, MA 01776		Not Employed	
02/15/15		200		
		[
-		<u> </u>		
		<u> </u>		
		-		
]		
		<u></u>		
	[]]			
		<u> </u>		
		[
Line 9: Total Rece	ipts over \$50 (or listed above)			
		3,772		
Line 10: Total Kece	eipts \$50 and under* (not listed above)	450		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	4,222	← Enter on page 1, line 2	
* 16	COSO I I I EMOD	4,222	Enter on page 1, line 2	

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

SCHEDULE B: EXPENDITURES

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

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	A.G.E. Graphics LLC by Iuliano	52231 State Route 248	Yard signs and stakes, shipping	
	(Loan on Schedule A)	Long Bottom, OH 45743		
02/24/15				\$6
	Data Ecology/Campaign Partner	16 Dudley Street	Website hosting service	
	by Fox (Loan on Schedule A)	Fitchburg, MA 01420		
01/24/15][<u> </u>		
	Data Ecology/Campaign Partner	16 Dudley Street	Privacy Add-On	
	by Fox (Loan on Schedule A)	Fitchburg, MA 01420		
02/12/15]			
	Data Ecology/Campaign Partner	16 Dudley Street	Website hosting service	
	by Fox (Loan on Schedule A)	Fitchburg, MA 01420	Tressite flustring set vice	
02/23/15				1
44,54,1	Town of Sudbury/Town Clerk by	B22 Concord Road		<u> </u>
	Idliano (Loan on Schedule A)	Sudbury, MA 01776	Voter lists on CD	
02/04/15				<u> </u>
:	Town of Sudbury/Town Clerk by Juliano (Loan on Schedule A)	322 Concord Road Sudbury, MA 01776	Voter list on CD	
	Lunano (Coarron Schedule A)	Budbury, MA 01776		
02/20/15				<u> </u>
	Sudbury Post Office by Iuliano	517 Boston Post Road	Postage	
	(Loan on Schedule A)	Sudbury, MA 01776		
03/09/15				34
	Wayland Post Office by Iuliano	277 Boston Post Road	Postage	
	(Loan on Schedule A)	Wayland, MA 01778		
03/11/15				
	Vistaprint by Iuliano (Loan by	Vistaprint.com	Postcards, shipping	· · · · · · · · · · · · · · · · · · ·
İ	Schedule A)			
13/05/15				4 -
	Vistaprint by Iuliano (Loan by	Vistaprint.com	Postcards, shipping	1.
	Schedule A)	Suprime on	oscards, shipping	
3/06/15				
		<u> </u>		

	į	Line 12: Total Expenditures	over \$50 (or listed above)	
		Elito 12. Total Expolicitures	over \$30 (or listed above)	1,47
		Line 13: Total Expenditures	\$50 and under* (not listed above)	
			the main that have above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	OITURES IN THE PERIOD	
	nized expenditures of \$50 and under			1,5

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

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				<u> </u>	
	[
<u> </u>					
		Line 12: Expenditures over \$50	(or listed above)		
	ľ	Line 13: Expenditures \$50 and a	· · · · · · · · · · · · · · · · · · ·		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized 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
	10-11-11-11-1			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	Q.
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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
	Daniel Fox	23 Griscom Road Sudbury, MA 01776	Loan Repayment	
Various				63
	Susan Iuliano	22 Jason Drive Sudbury, MA 01776	Loan Repayment	
Various				1,409
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTA	ANDING LIABILITIES (ALL)	1,472



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: January 12015 Ending Date: March 12, 2015	SSIOII				
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution					
Lucie Swigart St. George Candidate Full Name (if applicable) Committee Name Committee					
Office Sought and District Name of Committee Treasurer 752 Concord Rd Sudbury M4 01776 Residential Address Committee Mailing Address					
Telephone Number (optional): 978 - 443 - 2998 Telephone Number (optional):					
SUMMARY BALANCE INFORMATION:					
Line 1: Ending Balance from previous report					
Line 2: Total receipts this period (page 3, line 11)					
Line 3: Subtotal (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, line 14)					
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used:					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:(Treasurer's signature) Date:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.					
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature) Date: 3/18/15					

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)
3/4/2015	Lucie Swigart St. George 752 Concord Rd Sudbury	290.00	(Self) Candidate for Relection
Line 9: Total Rece	ipts over \$50 (or listed above)	290.00	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL l	RECEIPTS IN THE PERIOD	290.00	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	The barrier with the later of t		
			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA
Line 9: Total Recei	ipts over \$50 (or listed above)		
ine 10: Total Rece	ripts \$50 and under* (not listed above)		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	290.00	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

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

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

eport an expend	To Whom Paid	nittee name and a page number on	each page.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid				Amount
	A.G.E. Graphics, LLC	52231 State Rte 248	100 Lawn Signs	500 50
		Long Bottom, ot 45743	100 heron agric	290.00
		3 , 1012		
			Hart Medianes (Median	
			CARL STATE OF THE	
Manager 1				
	THE COLUMN TWO IS NOT THE			
	Charles November 1985			
				REPERT OF
			Aco / U . 1 .	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	290.00
		Line 13: Total Evnes ditures 050	and under* (not listed above)	
		Line 13: Total Expenditures \$50	and under (not fisted above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	290.00
	Enter on page 1, line 4	Zamo I ii I O I iii Exi Exi Exi Exi	Camba in Table I Entrop	01/0.00

^{*} 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. (D. ()	To Whom Paid		D	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			THE REAL PROPERTY.	
				ME ASSESSED
图念群众				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
		Diffe 13. Experiences \$30 and t	ander (not nated above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	290.00

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

^{*} 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	





Reporting Period Beginning JANUAPY 1, 2015 Ending MAP	CH 12, 2016
	12,0012
Type of Report: (Check One)	
8th day preceding preliminary/primary 8th day preceding election (Town or Special)	tion 20th day of January (Year-End Report)

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
/10/15	Shewi	26 BOWDHCH PO, SUDBURY	PHANNING BOARD
			*
\dashv			



							- · ··-
City or Town of: SUDBL	RY						
	Please print	or type all infor	mation, exce	pt signatures.			
Fill in dates: Mo Reporting Period Beginning /	2/-3/15 Day	Year	Endin	Month g	Day 3/12/15	Y	еаг
Type of Report: (Check One)						· · · · · · · · · · · · · · · · · · ·	
8th day preceding preliminary/primary	8th day preceding		30th day fol (Town or Sp	lowing electi ecial)		20th day Year-End	of January Report)
Pursuant to M.G.L., Chapter 55:							
 I certify that I am a candida I certify that I have not recording period, and do not I certify that I do not have 	eived any contribut ot have a campaign	ions, made any fund in existenc		or incurred	any obligations	s during th	his
DATE I. SIGNA' Signed under the pen			ENTIAL AD		Ш. С	OFFICE S	OUGHT
3/16/15 Laly G	Hordon	U 60 D	UTTON	\mathbb{Z}_{0}	LIBRAR	24 7	RUJE E
3/30/10 hulf		80 Brin	Jdon ((N	Buand	of Al	RUTE E_ KUW)
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					<u> </u>		
		+					<u></u>
			***			·	, , , , , , , , , , , , , , , , , , ,



Fill in dates:	Mor	nth Day	Year	mation, except signatures. Month	Day	Vann
Reporting Period Beginning		Day	1001	Ending March	Day	1 2015
Type of Report: (Check C 8th day preceding preliminary/primary	-	8th day preceding election		30th day following election (Town or Special)		20th day of January (Year-End Report)

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
3/21/15	Must	48 Henry's Mill Lare	ModerATUR
		48 Henry's Mill Lare Susbuy MA 01776	
			•
	α.		
	ii u		



Form CPF M 102-0: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

TOWN CLERK SUDBURY, MASS

(Year-End Report)

City or Town of: 50 Å	oury					2015 MAR	12 PM 2: 12
	Ple	ase print or ty	ype all informati	on, except:	signatures.		XI
Fill in dates: Reporting Period Beginning	Month A	Day 5	Year Z015	Ending_	Month 3	Day 23	Year 2015
Type of Report: (Check One	_/	receding ele	ction D 30t	h day follo	ving election	D 200	th day of lanuary

(Town or Special)

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

preliminary/primary

- 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.

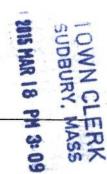
DATE	SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
123/15	Robert 9. D	7 Thompson Dr	Selection HS School
	C. Alle C. Alexandre	•	
			11/97

C



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

Office of Campaign and Political Finance



City or Town of:_	Sud	bun	
0			

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning	Mon		Year 2015	Ending_	Month 3	Day 12	Year 2015
Type of Report: (Check One	-	8th day preceding election	_	30th day follow	wing election		20th day of January
2 8th day preceding		Jul day Dicceding Ciccuon		Jour day Ionov	Anis ciccion		Zour day or January

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

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

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
3/3/15	Guald & Quil	20 Scotts Wood Dr. Sudburn	LS School Committee
		0	
		•	
-			



2015 JUN - 1 AM 11: 02

	own of: <u>SUDBUK</u>	Please print or	type all informat	on except	sionatures		
Fill in dat	es: Month	Day	Year _	on, except	Month	Day	Year
Reporting	Period Beginning VAN		2015	Ending_	MARCH	la	2015
Type of R	Report: (Check One)						
	a day preceding 8th d	lay preceding el		h day follov wn or Speci	ving election al)		h day of January ar-End Report)
Pursuant 1	to M.G.L., Chapter 55:						
1. I ce	rtify that I am a candidate for	or hold Munici	pal Office.				
2. I ce	rtify that I have not received	any contribution	is, made any expe	nditures, or	incurred any ob	ligations du	ring this
	orting period, and do not have rtify that I do not have a polit						
J. 100	titly that I do not have a point	icai committee.					
DATE	I. SIGNATURE		II. RESIDENT	IAL ADDR	ESS	III. OFF	ICE SOUGHT
	Signed under the penalties	of perjury	(Street an	d Number)			
-15	Atolland	2 0	21 21011	10	70 1	7/1	77 15
77	Coll soll	50	11 OKCh	1CA ST9	(160)	Vmnis	C Some

1-15	alflhorel	321 Old Concaster To	Maning Bosne
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-		18	
-			



ill in dates:		ay	Year		Month D.3	Day	Year
eporting Period Beginning	0) (21	15	Ending_	0.5	12	
ype of Report: (Check One	e)						
8th day preceding preliminary/primary	8th day preced	ling election		h day follow wn or Specia	ving election		n day of January r-End Report)
ursuant to M.G.L., Chapter	: 55:						
I certify that I am a ca I certify that I have no reporting period, and ca I certify that I do not I	ot received any contri do not have a campa	butions, ma	de any expe	enditures, or	incurred any ob	ligations dur	ing this
	GNATURE e penaltigs of perjury	The state of the s		TAL ADDR	ESS	III. OFFI	CE SOUGHT
412916) Colic	CBeng	25	Ane:	54	Pax	Lé Rec	Courissin
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							7.4

11/97



OWN CLERK SUDBURY, MASS

Form CPF M 102-0: Campaign Finance Report 2015 MAR 16 AM 11: 34

Office of Campaign and Political Finance

City or Town of:	OBURY	1							
Please print or type all information, except signatures.									
Fill in dates: Reporting Period Beginning_	Month į	Day į	Year 17	Ending_	Month 3	Day 10	Year /5		
Type of Report: (Check One 8th day preceding preliminary/primary	\prec	preceding election		ı day follov vn or Speci	ving election		n 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
3/3/15	Muralty	231 GODDAMAS 1414	P+2 Commision
3/12/15	of Hut	PPINE Ridge Rd	P+R COMMISION BOH
-			

-			
		Y-0-7-	
			11/08



FORM CTF M 102; Campaign Finance Kepuli

Municipal Form

Previously Submitted

OWN CLERK Office of Campaign and Political Finance CUDBURY, MASS

File with: City or Town Clerk or Election Commission

Fill in Reporting Period MiscAPR 30 Applicate: Feb	b 16, 2015 Ending Date: Mar 22, 2015
Type or Report. (Check one)	
Tammie Rhodes Dufault	
Candidate Full Name (if applicable)	Committee Name
Sudbury Public School Committee]
Office Sought and District	Name of Committee Treasurer
6- Cava am 7.1, Cama,, 111 31/76	
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 1	11) 438.11
Line 3: Subtotal (line 1 plus line 2)	438.11
Line 4: Total expenditures this period (page 5, l	line 14) 438.11
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period ((page 6) 0
Line 7: Total (all) outstanding liabilities (page	7) 0
Line 8: Name of bank(s) used:	
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin timance activity of all persons acting under the mathematy or an established contribution of the persons acting under the mathematy or an established contribution.	best of my knowledge and belief, a true and complete statement of all campaign finance cind contributions and liabilities for this reporting period and represents the campaign of M.O.I. c. 55. (Treasurer's signature) Date:
Signed under the penalties of perjury:	
Candidate with Committee and no activity independent of the committee Lecrify that I have examined this report including attached schedules and it is, to activity of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
I Garage at the Control of the contr	to the best of my knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of Signed under the penalties of perjury:	(Candidate's signature) Date: Mar 22, 2015



Form CPF M 102: Campaign Finance Report

Municipal Form OWN CLERK Office of Campaign and Political Finance BURY, MASS

of Massachusetts	2015 JUN ith Scit At TOsn 2 2rk or Election Commission
Fill in Reporting Period dates: Beginning Date: Feb 1	6, 2015 Ending Date: Mar 22, 2015
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Tammie Rhodes Dufault	
Candidate Full Name (if applicable)	Committee Name
Sudbury Public School Committee	
Office Sought and District	Name of Committee Treasurer
84 Silver Hill Rd, Sudbury, MA 01776	
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	o
Line 2: Total receipts this period (page 3, line 11)	438.11
Line 3: Subtotal (line 1 plus line 2)	438.11
Line 4: Total expenditures this period (page 5, line	e 14) 438.11
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x 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 activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing se	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.
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	i, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury: DayMIW Places	(Candidate's signature) Date: Mar 22, 2015

SCHEDULE A: RECEIPTS

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

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

report an receipts.	Please include your committee name and a pa	ge number on ca	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Mar 21, 2015	Tammie Dufault, 84 Silver Hill Rd, Sudbury, MA 01776	413.11	finance
Line 9: Total Rece	ipts over \$50 (or listed above)	413.11	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	25	
Line 11: TOTAL l	RECEIPTS IN THE PERIOD	438.11	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Mar 2, 2015	Yard Sign Wholesale	1813 E. Colonial dr., Orlando, FL 32803	signs	385
Mar 10, 2015	Staples	771 Boston Post Rd, Marlborough, MA	literature	53.11
				Control to the latter of the same of the s
		Line 12: Total Expenditures ov	er \$50 (or listed above)	438.11
		Line 13: Total Expenditures \$50	and under* (not listed above)	C
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	438.11

^{*} 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



OWN CLERK Form CPF M 102-0: Campaign Finance Report

Municipal Formats MAR 13 PM 4: 37
Office of Campaign and Political Finance

City or Town of:	OBURY	1					
	P	lease print or type a	ll informati	ion, except :	signatures.		
Fill in dates: Reporting Period Beginning	Month į	Day	Year 15	Ending_	Month 3	Day 10	Year 17
Type of Report: (Check One 8th day preceding preliminary/primary		preceding election		n day follow	ving election		h 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
3/3/15	Musty	231 GWOMME 1/14	P+R Commision
			11/07

Corrected 8/15



SUDBURY, MASS Municipal Form

2015 MAR 23 PM 5: 04

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/21/2015 Ending Date: 3/23/2015
Type of Report: (Check one) Buth day preceding preliminary to the state of the sta
MICHAEL T. ENSLEY Candidate Full Name (if applicable) BOALD OF SELECTMAN Office Sought and District SAS PEAKNAM ROAD SUBSURY MA 01776 Residential Address Telephone Number (optional): 978 440 7556 Telephone Number (optional): To SELECTMAN CAMPAIAL Committee Name STEPHANIE BECKILITH Name of Committee Treasurer 593 PEAKNAM ROAD SUBBURY MA DI776 Committee Mailing Address Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: Salem Five
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: (Candidate's signature) Date: 3/23/2018

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/6/2015	ABAIR PETER 14 DAWSON ROAD	\$100	
3/10/2015	AGNBEDIS, DALIELLE 28 GUZZLEBROOK DA	# 100	
3/17/2015	178 HORSEPOND ROAD	₺100	
3/4/2015	BLEAKLEY, JEWIFER 54 SAXONY DRIVE	\$100	
3/2/2015	DEFAULT, TAMME 84 SINGLILL ROAD	\$ 100	
3/11/2015	DEPOMPEI DANIEL 35 HAYNES ROAD	\$ 200	2ETTRED
3/12/2015	DORSEY, MARK 23 BROOKS ROAD	\$ 100	
3/6/2015	EMERSON, DEAL ELENTHORNI LOWELL MA	#150	
2/1/2015 }	598 PEAKLIAM ROAD	*2 25	CONSULTING SELF
3/14/2015	FAGALI SEALI 25 WOODMERE BRIVE	\$ 200	SALES MAHAGER WALTHAM LUMBER
3/10/2015	GARZONE, DENISE 21 WASHINGTON DRIVE	\$100	
3/12/2015	SELSIMON, MADELEINE 520 COHCORD ROAD	# 85	
3/20/2015	GIBBS, CAROL 115 AUSTEN ZOAD	\$100	
Line 9: Total Receipts over \$50 (or listed above)			F- SEE NEXT PAGE
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/11/2015	HALSEY DAN 19 SYLVAN WAY	\$100	
3/18/2015	HERREMA GREY 20 BROOKSIDE FARM 2000	\$100	
3/10/2015	KATEMAN, MILLIE 11 RAMBLING ROAD	\$100	
3/12/2015	KENNEY, THOM SEAST STREET	#100	
319 2015	KIHNEY, BEAH 541 PEAKHAM ROAD	#100	
2/6/2015	KOHLER JOHN 33 POSSUM LAND	\$250	CHIEF FIMANCIAL OFFICER JETMAIL
3/19/2015	LISMAN ERIC 21 AMANDA RODD	#100	
3/19/2015	LYOUS JOHN 200 MARLBORD ROAD	#100	
3(18/2015	MACLEAH, NEAL 20 CORTLAND LAWE	\$500	STOCK BROKER DEVTSCHE BANK
3/15/2015	MASSINGOTTI, NOTALIE 71 FORD ROAD	# 100	
2/23/2015	MEDNIKE, ALAH 112 PURITAN LAHE	\$100	
2/9/2015	GB WEWBLIDGE ROAD	#100	
Line 9: Total Receipts over \$50 (or listed above)			SEE HEXT PAGE
Line 10: Total Rece	sipts \$50 and under* (not listed above)		SEE HEXT PAGE
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)		Occupation & Employer
3/11/2015			(for contributions of \$200 or more)
-, 1~13	BOWILLIS ROAD	\$ 100	
3/19/2015	SUEATH SCOTT	\$ 100	
	279 OLD SUBBURY ROAD	100	
2/13/2015	SULLIVAH, ANDREW		FINANCIAL ADVISOR
	28 FRENCH ROAD	#350	
			LPL FILLANCIAL / CIONESCENTI MANAGENE
2/16/2015	KLIHTERS, MARK	# 100	
<u> </u>	81 PHILLIPS ROAD		
		111	
1.			
	·		
ine 9: Total Receipt	ts over \$50 (or listed above)	#4,035	
	ets \$50 and under* (not listed above)	\$ 1,075	6.55
	CCEIPTS IN THE PERIOD	*****	Sa.
	eccipts of \$50 and under include them in I	43110	Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/21/2018	CLORE TO ENELEY)	SUBBUN MA	COFFEE FOR STORM	#76.07
3/8/2015	HOME DEPOT (LOPAL TO ENGLEY)	MARLBORO MA	HARDMARE FOR	#15624
1/13/2015	(Lowe To Ensiey)		power Howes	\$ 30.24
1/28/2015	(LODIL TO ENSLEY)		KLEBSITE	# 19.00
2/28/2015	LLODATO ENSIEY)		Messuc	\$ 49.00
	(LOAN TO EHELEY)		CHETIME FEE FOR FUNDS DISTRIBUTION	\$ 40°°
2/1/2015	SOLEMFIVE	SUBBULYMA	THECKS	\$ 55 45
3/2/2015	TURIFTED PRINTING	Feabody ma	51945	806 13
3/13/2015	TORIFICOPAINTANG	PEABODY MA	३१ ४८१ ३	*903!3
3/20/2015	TURIFTCO PRINTING	Редвору МА	51442	\$ 446 25
		Line 12: Total Expenditures of	over \$50 (or listed above)	[#] 258) ≤3
	ľ	· · · · · · · · · · · · · · · · · · ·	50 and under* (not listed above) TURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized 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
1 28/205	MARK KUSLINISKY	15 BLANDFORD DRIVE	BusidessCards	\$100
3/2/2015	MARK KUSHILISEY	IS BLANDFORD DRIVE	SIGH-DEPOSIT	# 250
3/2/2018	more Kushilgry	IS BLANDFORD DRIVE	FACEBOOK AAS	\$100
	[Line 15: In-Kind Contributions o		450
		Line 16: In-Kind Contributions \$5		500 500

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

Page 6

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
3/21/2015	MICHAEL ENSLEY	598 PEAKHAM ROAD	الإمرا	7607
2/8/2015	MICHAEL ENSLEY	518 PERKHAM PORD	LODY	156 24
1/13/2015	MICHAEL ENSLEY	598 PENKUAM ROAD	Low	3026
1/28/2015	MICHAEL GISLEY	598 PEAKUON ROAD	Coass	19 20
2/28/2015	MICHAEL ENSLEY	S98 Parkham ROAD	LOPH	49.00
	MICHAEL ENSCEY	598 PEAKHAN ROAD	LOAN	4000
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	370 ⁵⁷