



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

City or Town of:		BUDBURY			Please print or type all information, except signatures
Reporting Perio		01/01/2010 (MM/DD/YYYY)	0	Ending:	03/10/2016 (MM/DD/YYYY)
Type of Report: (Check One)				
8th day prece	ding preliminary/primary	8th day preceding election	30th day followin	g election (town or special)	20th day of January (Year-End report)
2. I certify th	at I am a candidate for or cu	arrently hold Municipal Office. ontributions, made any expenditure ommittee.	e e e e e e e e e e e e e e e e e e e	194	and do not have a campaign fund in existence.
DATE	PRINT NAMI		NATURE penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
3/16/16	Carol Bradfind	Gl Be-	pt [25 Maple Ave	Boal of Health
3/21/16	R.R. GARGE	MA RR Geneg	w-, [120 Powder Mi 4 Rd	L-s school committee
4/25/16	Korost Ha	arde SA	(1)	37 Belcher Dr	Bol at Selection
4(27/16	LAU ORU	FRAN Jert		7 Allene Ay.	Pare+ Regalini
		,			
				·	



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

TOWN CLERK

Office of Campaign and Political Finance

2016 MAR 16 AM 8: 50 Please print or type all information, except signatures. City or Town of: Town of Sudbury Reporting Period: Beginning: 01/01/2016 Ending: 03/10/2016 (MM/DD/YYYY) (MM/DD/YYYY) Type of Report: (Check One) 8th day preceding preliminary/primary 8th day preceding election 30th day following election (town or special) 20th day of January (Year-End report) Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently 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. SIGNATURE RESIDENTIAL ADDRESS Signed under the penalties of perjury (Street and Number) DATE PRINT NAME **OFFICE SOUGHT** 3-16-16 TREVOR A- HAMOON 185 GOODMAN HIL ASSESSONS BI



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

""BURY, MASS

Office of Campaign and Political Finance

City or Town of:	SUDBURY		28/4	saprimed type all information, except signatures.
Reporting Period	d: Beginning:	01/01/2016 (MM/DD/YYYY)	Ending:	03/10/20/6 (MM/DD/YYYY)
Type of Report: (6	Check One)			
☐ 8th day preced	ling preliminary/primary 🔀 8th day	preceding election 30th day follow	ving election (town or special)	20th day of January (Year-End report)
2. I certify the	Chapter 55: at I am a candidate for or currently hold N	funicinal Office		do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
4/27/16	Kevin J. Matthews	E-OWIT	137 Hayner Road	Lincoln Sudbary School Con
	·			



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

TOWN CLERK

City or Town of:	Sudbury, Ma	ass	Please	print or type all information, except signatu
Reporting Period:		31/01/2016 MM/DD/YYY	Ending: 03//	0/20/6 MM/DD/YYY)
Type of Report: (Ch	M. C.	preceding election 30th day follow	ing election (town or special)	Oth day of January (Year-End report)
Pursuant to M.G.L. 1. I certify that 2. I certify that	Chapter 55: I am a candidate for or currently hold N			
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
3-14-2016	Susan H Johnson	Susan H Johnson	37 Witherell Drive	Trustee, goodraw Librar
				V



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

Office of Campaign and Political Finance

City or Town of:	Sudbury		2016 MAR ,	leuse print or type all information, except signatures.
Reporting Period:		(MM/DD/YYYY)	Ending: 03/10/2016	(MM/DD/YYYY)
Type of Report: (Ch	neck One)	And the first	4400	
8th day preceding	ng preliminary/primary 🔲 8th day p	preceding election 30th day follo	owing election (town or special)	20th day of January (Year-End report)
2. I certify that	I am a candidate for or currently hold M	nade any expenditures, or incurred any ob	oligations during this reporting period, a	and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
03/15/2016 K	Kaffee Kang	Cufful	96 Old Garrison Road	Sudbury Housing Authority Comm.



Form CPF M 102-0: Campaign Finance/Report ERK Municipal Form Municipal Form Municipal Form. Office of Campaign and Political Finance. 2016 MAR 21 PM 2:57

City or Town of: Sudbury						
		Please print or type	all infor	mation, except signatures.		
Fill in dates: Reporting Period Beginning	Month January 1	Day 2016	Year	Month Ending March 10, 2016	Day	Year
Type of Report: (Check One	^	lay preceding election	on 🗆	30th day following election		20th day of January
8th day preceding preliminary/primary Pursuant to M.G.L., Chapter		ay prooding		(Town or Special)	<u></u>	(Year-End Report)

- 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
J116	Angua o mayras;	65 Pokonoket Ave.	Goodnow Library Trustee
	*		
			11/97



Form CPF M 102: Campaign Finance Report Municipal Form UDBURY, MASS Office of Campaign and Political Finance 2016 MAR 22 PM 1:50

Fill in Reporting Period dates: Beginning Date: Feb	oruary 8, 2016 Ending Date: March 21, 2016					
Type of Report: (Check one) ☐ 8th day preceding preliminary ■ 8th day preceding election	☐ 30 day after election					
	7					
Siobhan C Hullinger Candidate Full Name (if applicable)	N/A Committee Name					
Member of Sudbury School Committee	Committee France					
Office Sought and District	Name of Committee Treasurer					
55 Washington Drive, Sudbury MA 01776						
Residential Address E-mail: siobulling@aol.com	Committee Mailing Address E-mail:					
Phone # (optional):	Phone # (optional):					
SUMMARY BALAN	CE INFORMATION:					
Line 1: Ending Balance from previous report	0					
Line 2: Total receipts this period (page 3, line 1)	0					
Line 3: Subtotal (line 1 plus line 2)	0					
Line 4: Total expenditures this period (page 5, li	ne 14) 0					
Line 5: Ending Balance (line 3 minus line 4)	0					
Line 6: Total in-kind contributions this period (p	age 6) 0					
Line 7: Total (all) outstanding liabilities (page 7)	0					
Line 8: Name of bank(s) used: N/A						
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 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 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 some 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	e best of my knowledge and belief, a true and complete statement of all campaign is, in-kind contributions and liabilities for this reporting period and represents the is committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:	Candidate's signature)					

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.)

D . D	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			1
	<u> </u>		
ine 9: Total Receip	ots over \$50 (or listed above)	0	
ne 10: Total Recei	pts \$50 and under* (not listed above)	0	
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← 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)
			1
	Political desirable and the control of the control		
[
Line 9: Total Receip	ots over \$50 (or listed above)	0	
***************************************	pts \$50 and under* (not listed above)	0	
	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
	ZOMA AD ALL ARMA EMILOD		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	Address		Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
THE PERSON NAMED OF THE PE				
		Line 12: Total Expenditures over	er \$50 (or listed above)	0
		Line 13: Total Expenditures \$50	and under* (not listed above)	0]
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	0
		include them in line 12. Line 12 ch		

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

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			1	
	Parameter and the second secon			
			William to the state of the sta	
		I management of the second of		
		T: 10. T 1:4 050	(an listed above)	
		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and u	under* (not listed above)	О
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

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

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	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$	550 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} 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
] []
			c	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	0

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Form CPF M 102: Campaign Finance Report Municipal Form OWN CLERK Office of Campaign and Political Finance WBURY, MASS

Fil2016: MARO Town Election Commission

Fill in Reporting Period dates: Beginning Date: Ja	n 1, 2016 Ending Date: Mar 10, 2016				
Type of Report: (Check one) ☐ 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Nell L. Forgacs Candidate Full Name (if applicable)	Committee Name				
Sudbury School Committee Office Sought and District	Name of Committee Treasurer				
12 Great Lake Drive Residential Address	Committee Mailing Address Telephone Number (optional):				
Telephone Number (optional):	Total Communication (Communication Communication Communica				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	. —0—				
Line 2: Total receipts this period (page 3, line 11)					
Line 3: Subtotal (line 1 plus line 2)	804.50				
Line 4: Total expenditures this period (page 5, lin	e 14) 804,50				
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (pa	ge 0)				
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	None				
Line of variety asset					
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 finance activity of all persons acting under the authority or on behalf of this committee in					
Signed under the penalties of perjury:	(Treasurer's signature) Date:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	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 acting under the authority or on my behalf during this reporting the incurred any liabilities nor made any expenditures on my behalf during this reporting	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, a 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 21 20 16				

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 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 23 16	Nell L. Forgacs 12 Great Lake Dr.	5,17		
2/23/16	Nell L. Forgacs 12 Great Lake Dr. Nell L. Forgacs 12 Great Lake Dr.	788,72	SAHM (No employer)	
2/25/16	Nell L. Forgacs 12 Great Lake Dr.	10.6	·	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$804.50		
Line 10: Total Rece	eipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	\$804,50	← 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
2/23/16	Go Daddy	14455 N. Hayden RJ. Ste 224 Swtsdale, AZ85260	url purchase for campaign website	5,17
2/23/16	signs on the cheap. com	LATUSIA, 1x 70738	yard signs	788,72
2/25/16	Staples Copy+ Print	Store # 1525 771 Buston Pust Rd. Madburough, MAO1752	push cards purchase (bus.cards)	10.61
			,	
		Line 12: Total Expenditures over	er \$50 (or listed above)	#804.50
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$804.50

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

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

2016 MAR 21 AM II: 05

	File with: City or Town Clerk or Election Commissio
Fill in Reporting Period dates: Beginning Date:	Ending Date: 31016
Type of Report: (Check one)	-
	ay after election year-end report dissolution
Mara Lynne Huston	
Candidate Full Name (if applicable)	Committee Name
Park + 120 Commission Office Sought and District	Name of Committee Treasurer
578 Peakhan Rd Sudbuy MA 01776	
Residential Address	Committee Mailing Address
Telephone Number (optional):	ne Number (optional):
SUMMARY BALANCE INFO	DRMATION:
Line 1: Ending Balance from previous report	Φ .
Line 2: Total receipts this period (page 3, line 11)	223:48 208.48 MM
Line 3: Subtotal (line 1 plus line 2)	223.48 208.48 July 223.48 208.48 July 223.48 208.48 Meth
Line 4: Total expenditures this period (page 5, line 14)	-223.48 208.48 MILT
Line 5: Ending Balance (line 3 minus line 4)	Ø
Line 6: Total in-kind contributions this period (page 6)	ϕ
Line 7: Total (all) outstanding liabilities (page 7)	φ
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 know activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority or on behalf of this committee in accordance of the committee in	s and liabilities for this reporting period and represents the campaign
Signed under the penaltics 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 kactivity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
Candidate without Committee OR Candidate with independent activity filing separate repo I certify that I have examined this report including attached schedules and it is, to the best of my k finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind con campaign finance activity of all persons acting under the authority or on behalf of this committee	cnowledge and belief, a true and complete statement of all campaign atributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

SCHEDULE A: RECEIPTS

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

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

	Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
2/28/16	Mara Huston Slidbyy	208,48 273.4 8			
	!				
	·				
Line 9: Total Receipts over \$50 (or listed above)		223,48			
ine 10: Total Receipts \$50 and under* (not listed above)					
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	223,48	← 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.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Data Data		Addwaga	Dunnage of Expanditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/20/16	Net brands Media Corps	14550 Beechnut St —Houston, Texas	Yard Signs	208.48
·				
·			·	
	. I	ine 12: Total Expenditures ove	r \$50 (or listed above)	223.48
	I	ine 13: Total Expenditures \$50	and under* (not listed above)	
•	1	ine 14: TOTAL EXPENDITU		223.48

^{*} 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>				
	·					
			·			
1 to						
		.				
		Line 12: Ermandit	(1:)			
		Line 12: Expenditures over \$50 ((or fisted above)			
		Line 13: Expenditures \$50 and ur	nder* (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.

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 Form OWN CLERK MUNICIPAL FORM OBURY, MASS

Office of Campaign and Political Finance

2016 MAR 14 AM 9: 54

Fill in Reporting Period dates: Beginning Date: 1/1/2016 Ending Date: 3/10/2016
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) Candidate Full Name (if applicable) Committee Name
Office Sought and District Name of Committee Treasurer 209 NOBSCOT ROAD Residential Address Committee Mailing Address
Telephone Number (optional): 978-443-5240 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: 3/14/2016

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
]			
]
]
	·		
ine 9: Total Receipt	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RE	CCEIPTS IN THE PERIOD		← Enter on page 1, line 2
			Enter on page 1, line 2 d 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 (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
-					
		·			
		` ` `			
		·			
		`			
	Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → 1	Line 14: TOTAL EXPENDITU	RES 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.

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 Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 20/6 Ending Date: [MARCH 10, 20/6]
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30	day after election
Candidate Full Name (if applicable)	Committee Name
BOARD OF SE/ECTMEN SUBBURY Office Sought and District 40 MEADOUBROOK CIRCLE SUBBURY AND	Name of Committee Treasurer
Residential Address 0:776 Telephone Number (optional): 978-443-4206 Telephone Number (optional): 978-443-4206	Committee Mailing Address hone Number (optional):
SUMMARY BALANCE INI	FORMATION:
Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	0.00
Line 3: Subtotal (line 1 plus line 2)	0,00
Line 4: Total expenditures this period (page 5, line 14)	0,00
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period (page 6)	0,00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my kn activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority or on behalf of this committee in accordance.	ons and liabilities for this reporting period and represents the campaign
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 m 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.	
Candidate without Committee OR Candidate with independent activity filing separate re I certify that I have examined this report including attached schedules and it is, to the best of m finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this committee.	y knowledge and belief, a true and complete statement of all campaign contributions and liabilities for this reporting period and represents the ee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: March 142016

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)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	00,0	← 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)
1 17 17 17 17 17 17 17 17 17 17 17 17 17			
1/1			
	s over \$50 (or listed above)		
Line 10: Total Receipt	ts \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD	<u> </u>	← Enter on page 1, line 2 d 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	Dumage of Evnanditure	Amount
Date Faid	(aiphabetical listing)	Autress	Purpose of Expenditure	Amount
		Line 12: Total Expenditures ove	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	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)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		1]	
<u> </u>				
			1	
	TO THE PARTY OF TH			
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (no			under* (not listed above)	
	<u>.</u>			
		Line 14: TOTAL EXPENDITO		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.

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
	<u></u>	Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	350 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.00

^{*} 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0.00



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

Office of Campaign and Political Finance

2016 MAR 16 AM 8: 37

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/2016 Ending Date: 3/10/2016
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
00000 6 (0000	
Candidate Full Name (if applicable)	Committee Name
Candidate run Name (it applicable)	Committee Name
SUBBURY PLANNING BOARD	
Office Sought and District	Name of Committee Treasurer
15 STONEBROOK RO SUIBURY	
Residential Address	Committee Mailing Address
Telephone Number (optional): 978 590 4301	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1. Ending Polonge from provious report	~
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, lin	e 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	IA .
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 a science and the resulting of provinces.	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Trouburd o digitaturo)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	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 accincurred any liabilities nor made any expenditures on my behalf during this reporting	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.
Candidate without Committee OR Candidate with independent activity filing set 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 or behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/10/26/6



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

Office of Campaign and Political Finance

2016 MAR 21 PM 2: 33

Fill in R	eporting Period dates:	Beginning Date: 2/1/	2016	Ending D		Clerk or Election Commission
Type of	Report: (Check one)					
		8th day preceding election ■ Comparison ■ Compari	☐ 30 da	ay after election	year-end repor	rt dissolution
Richard J	Tinsley				-	
	Candidate Full Name	(if applicable)			Committee Name	
Sudbury	School Committee					
6 Manaha	Office Sought and	1 District		Nar	ne of Committee Treasur	er
6 Meache	Residential Ad	Idress		Co	mmittee Mailing Address	s
E-mail:	Tinsleyma@	gmail.com	E-mail:			
Phone # (opt	tional): 978	8-440-9691	Phone #	(optional):		
		SUMMARY BALANC	CE INFO	ORMATION:		
	Line 1: Ending Bala	nce from previous report				0
	Line 2: Total receipt	ts this period (page 3, line 11)		23	34.00
	Line 3: Subtotal (lin	e 1 plus line 2)			23	4.00
	Line 4: Total expend	litures this period (page 5, lir	ne 14)		23	4.00
	Line 5: Ending Bala	nce (line 3 minus line 4)				0
	Line 6: Total in-kind	l contributions this period (pa	ige 6)			
	Line 7: Total (all) or	utstanding liabilities (page 7)				
	Line 8: Name of ban	k(s) used:				
I certify that I activity, inclu finance activi	ding all contributions, loans, receipt	g attached schedules and it is, to the best s, expenditures, disbursements, in-kind thority or on behalf of this committee in	contribution	s and liabilities for this	reporting period and represent f M.G.L. c. 55.	esents the campaign
FOR CAN	DIDATE FILINGS ONLY	: Affidavit of Candidate: (check 1 bo	v only)			
Candida I certify activity,	ate with Committee and no activity that I have examined this report incl of all persons acting under the autho		best of my			
I certify finance a campaign	campaign finance activity of all persons acting under the authority of probability of the authority of the au					
oigueu unuer	r the penalties of perjury:		_	(Candidate's	oignature)	

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)
3/20/2016	Richard J Tinsley (candidate) 6 Meachen Lane Sudbury, MA 01776	234.00	consultant RxC International LLC
	pts over \$50 (or listed above) ipts \$50 and under* (not listed above)	234.00	
	RECEIPTS IN THE PERIOD	234.00	10,

^{*} 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				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faiu	(alphabetical fisting)	Address	rarpose of Expenditure	Amount
2/26/2016	AGE Graphics	Long Bottom OH	lawn signs	205
3/5/2016	Campaign Partner	16 Dudley Street Fitchburg, MA 01420	web site	29.00
		Line 12: Total Expenditures over	er \$50 (or listed above)	205.00
		Line 13: Total Expenditures \$50	and under* (not listed above)	29.00
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	234.00

^{*} 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



Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name: Richard J	Tinsley				
	Residential Address: 6 Meache	n Lane				
	City / State / Zip: Sudbury			MA	01776	
	E-Mail Address: tinsleyma@g	mail.com		Phone #:	978-440-9691	
	Party Affiliation:				(If applicable)	
OFFICE SOUG	HT/PURPOSE:					
	Title: Sudbury	School Commitee	:			
	District:					
COMMITTEE	N 60 ''					
COMMITTEE:	Name of Committee: n/a	(The name of the same	aittee manet imply de the condidetele leet nome	<u> </u>		
	(The name of the committee must include the candidate's last name) Committee Mailing Address:					
	City / State / Zip:			Phone #:		
OFFICERS:				•		
Chairman:			Treasurer*:			
Residential Address:			Residential Address:			
City / State / Zip:			City / State / Zip:			
Phone #:			Phone #: Email:			
			*A public employee may not serve as trea	surer of any	political committee (see reverse).	
Other Officer/Title:			Other Officer/Title:			
Residential Address:			Residential Address:			
City / State / Zip:			City / State / Zip:			
Phone #:			Phone #:			
behalf. I am aware th the relevant election. SIGNED UNDER TH	e filing of this committee. I understat candidates are required to keep d E PENALTIES OF PERJURY:	and that a candidate setailed accounts and recounts and r	\	n of more for a peri	than one committee on his/her od of six years from the date of Date: 3.20-16	
that: 1) I am subject to and records of all cam	o certain duties and liabilities under paign finance activity for a period o oyee, I must resign this position an	M.G.L. c. 55, including six years from the control	that I not a public employee as defing the timely filing of campaign finance late of the relevant election; 2) if after resignation; and 3) a candidate may no	e reports a	and keeping detailed accounts ance of this office I become an	
SIGNED UNDER TH	E PENALTIES OF PERJURY:				Date:	
		Treasurer's signatu	re	•		
	ice of Chairman of the above-name E PENALTIES OF PERJURY:	d committee.				
		Chairman's signatu	re		— Date:	



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

Office of Campaign and Political Finance
2016 MAR 21 PM 2: 41

of Massachuseus	File with: City or Town Clerk or Election Commission						
Fill in Reporting Period dates: Beginning Date: 3/	1/16 Ending Date: 3/20/16						
Type of Report: (Check one) ☐ 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution							
Richard C. William son Candidate Full Name (if applicable) Committee Name							
Office Sought and District Name of Committee Treasurer							
Residential Address Telephone Number (optional): 978 - 618 - 5475	Committee Mailing Address Telephone Number (optional):						
SUMMARY BALANCE	INFORMATION:						
Line 1: Ending Balance from previous report	0						
Line 2: Total receipts this period (page 3, line 11)	260.54						
Line 3: Subtotal (line 1 plus line 2)	760.54						
Line 4: Total expenditures this period (page 5, line	14) 760.54						
Line 5: Ending Balance (line 3 minus line 4)	0						
Line 6: Total in-kind contributions this period (page	; 6)						
Line 7: Total (all) outstanding liabilities (page 7)	-						
	Saving s Ban K						
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in acc	stributions and liabilities for this reporting period and represents the campaign						
Signed under the penalties of perjury:	(Treasurer's signature) Date:						
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 be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting persons.	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions, criod.						
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 periury: Oate: 3/30/16							
Signed under the penalties of perjury: Millard & Wilmillian	Candidate's signature) Date: 3/30/16						

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 all receipts. P	lease include your committee name and a p	age number on ea		
	Name and Residential Address	Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
3/15/16	Lon Sim on 40 Meader break Circle 54 d bary, MA 01776	100. —		
3/26/16	Richard Williamson 21 Pendleton Rd. Sidbary, M.A. 01776	160.54		
·				
	•			
Line 9: Total Receipts over \$50 (or listed above)				
Line 10: Total Receipts \$50 and under* (not listed above)				
Line 11: TOTAL R	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 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.)							
Doto Pold	To Whom Paid	Address	Amount				
Date Paid	(alphabetical listing)		Purpose of Expenditure				
3/12/16	Signs on the Cheap	11525A Starchollow Dr. Augtin, TA 18158	Lawn signs	239.30			
3/16/16	Stoples	771 Boston Post Rd. Mailborough, AA 01752	Post cards	21,24			
Line 12: Total Expenditures over \$50 (or listed above)				260.54			
Line 13: Total Expenditures \$50 and under* (not listed above)							
* If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures of							

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

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