

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

Office of Campaign and Political Finance

of Massachusetts			
čity or To	wn of: Manage Cedi	ninster	
Fill in Rep	orting Period dates: Beginni	ing Date: Endir	g Date:
T. CT	, (01 1)		
8th day	Report: (Check one) Preceding \sum \text{Report} 8th day preceding inary/primary	election 30th day following electi (Town or Special)	on 20th day of January (Year-End Report)
 I certify the I certify the and do not 	I.G.L., Chapter 55: nat I am a candidate for or hold Municip nat I have not received any contributions t have a campaign fund in existence. nat I do not have a political committee.	al Office. , made any expenditures, or incurred any o	bligations during this reporting period,
DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury		
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Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

LESMINSTER, MA

of Massachusetts					•	2015 NOV	12 PM 12 42
City or Town of: Lco	minster						1112
	P	lease print or type a	ıll info	rmation, except s	signatures.		
Fill in dates: Reporting Period Beginning	Month	Day	Year	Ending_	Month /O	Day 16	Year 2045
Type of Report: (Check On	e)	(C-31)					
8th day preceding preliminary/primary	□ 8th day	preceding election		30th day follow (Town or Specia	_		th day of January ar-End Report)
Pursuant to M.G.L., Chapter	• 55:						

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

DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	
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Form CPF M 102-0: Campaign Finance Report Municipal Form John Dombron:

Office of Campaign and Political Finance

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City or Town of:	·				LEGMINSTER, MA
Fill in Reporting Period	dates:	Beginning Date:	1-1-15	Ending Date	115 MOV B- PQ 12,310
Type of Report: (Chec	k one)				
8th day preceding preliminary/primary	8th da	y preceding election	30th day follow	•	20th day of January (Year-End Report)

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

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

DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT	
	Signed under the penalties of perjury	(Street and Number)		
11-6-15	Sec	6 Grove Ave Lesminty MA	Counselor At Large	
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Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

CITY CLERK'S OFFICE LEOMINSTER, MA

· 2015 NOU 0

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e with: y or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Month Date Your Reporting Period Beginning O Date Your Ending O Date Your Ending
Type of report: (Check one) ☐ 8th day preceding primary ☐ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)
Full Name of Candidate (if applicable) Committee Name Committee Name Committee Name Committee Treasurer Sylvarial Address Residential Address Learning For Aug Tel. No. (optional) Committee Name Committee Treasurer Sylvarial Address Learning For Aug Committee Mailing Address Learning For Aug Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Rolls to Receipt the sum of
Affidavit of Committee Treasurer: 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 in in a 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 in ance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ampaign 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:
reasurer's signature (in ink) Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee 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 inance 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 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 nance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ampaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

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

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

Date	nch page Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more
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1. TTOM. Solves	otal receipts \$50 and under* (not listed above)	新教教	1994年代 1984年	the first building and the first transfer and the first and the second
ane 10: 1	Oth receipts 450 and united (not have		200	Enter on page 1, line 2
ine 11: 1	OTAL RECEIPTS IN THE PERIOD itemized receipts of \$50 and under include them in line	要學院們	199	

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

Page 2

SCHEDULE B: EXPENDITURES

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

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

Date Paid	ch page. To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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				Garage A. H
·			377	
		214		
4.20	ACTIVITY OF STREET	ter or all the		
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empse				

				MATERIAL SECTION AND ADMINISTRATION OF THE PROPERTY OF THE PRO
-	1	74 7 7 7 7 7 7 7 7	xpenditures over \$50	# 0. CD
		Line 13: E	xpenditures \$50 and under*	0 09
.En	ter on page 1, line 4	Line 14:To	OTAL EXPENDITURES	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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
	,			
. ,		Line 15:	In-kind over \$50	Ch 80
. T.	nton on and 1 1'		In-kind \$50 and under	0,00
E	nter on page 1, line 6	Line 17: '	Total In-kind	0.10

^{*} 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
	None			
		, 1		
E	nter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

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

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