

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

File with: City or Town Clerk or Election Commission

Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution  8th day preceding preliminary Candidate Full Name (if applicable)  Candidate Full Name (if applicable)  Committee Lest Brian Ashmanicas  Committee Name  Panela J. Ashmanicas  Name of Committee Treasurer	
Brian M. AshmanKas  Candidate Full Name (if applicable)  Select man  Candidate Full Name (if applicable)  Committee & Elect Brian AshmanKas  Pamela J. AshmanKas	
Candidate Full Name (if applicable)  Committee Name  Pamela J. AshmanKas	on
	Kas
Name of Committee freastrer	
5 Millburg Terrice, Millburg  Residential Address  Committee Mailing Address	_
Telephone Number (optional):	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report 4,832.70	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)  5,049,70	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)  4 9 00 · 70	
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: Millbury Federal Credit Union	
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 finance ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the 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.	
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	ᆀ
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 final 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 contribution incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ince
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.	
ened under the penalties of perjury: Brian OshmanDess (Candidate's signature) Date: 1/20/16	

#### 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/7/15	Jim & Joan Syndstrom 6 Jacobs Way, Aubyrn	#108.	
	11. 11.		
			F
	20		
Line 9: Total Receipts	over \$50 (or listed above)	108-00	
Line 10: Total Receipts	\$50 and under* (not listed above)	109-00	
<u></u>	CEIPTS IN THE PERIOD	217.00 €	Enter on page 1, line 2

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

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amoun		Occupation & Employer (for contributions of \$200 or more)
		;	
			1
e 9: Total Receipts over	\$50 (or listed above)		
e 10: Total Receipts \$50	and under* (not listed above)		
e 11: TOTAL RECEIP	ľ	←	Enter on page 1, line 2

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

#### SCHEDULE B: EXPENDITURES

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

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

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

report an 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	
12/9/15	Friends of Millbury Seniors	1 River street Millbury, MA 01527	Donation - Brick	\$50	
3/10/15	Commillee la Re-Elect Francis King	5 Gover Road Millbury, MA 01527	Donation	\$50	
10/10/15	Postmasker-millburg	119 Elm Street Millbury, MA 01507	Postuge	#49	
	L	ine 12: Total Expenditures over \$	350 (or listed above)	149.00	
	Li	ne 13: Total Expenditures \$50 an	d under* (not listed above)	0	
VOU have item!!	Enter on page 1, line 4 → Li expenditures of \$50 and under in	ne 14: TOTAL EXPENDITUR	ES IN THE PERIOD	149.00	

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

## SCHEDULE B: EXPENDITURES (continued)

To Whom Paid Continued					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
			<u> </u>		
				-	
. ][[					
				Marke Market and a street and a	
	11				
	Lin	e 12: Expenditures over \$50 (or l	isted above)		
	Lin	e 13: Expenditures \$50 and under	* (not listed above)		
	Enter on page 1, line $4 \rightarrow$ Lin	e 14: TOTAL EXPENDITURES	S IN THE PERIOD		
ou have itemized ex	xpenditures of \$50 and under, incl	ude them in line 12. Line 13 should it	notude only those error ditures 4 is		

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

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	n Value
	^			
		Line 15: In-Kind Contributions of	ver \$50 (or listed above)	Ø
Line 16: In-Kind Contributions \$50 & under (not listed above)				Ø
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0	

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

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#### 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
			:	
				и-
				MT.
		ine 18: TOTAL OUTSTANDIN		