

Form CPF M 102: Campaign Finance Report TOWN CLERK Municipal Form

12 JAN 13 PM 12: Office of Campaign and Political Finance

MILLEURY MASS

Particular de la constant de la cons	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: MA	Y 18, 2011 Ending Date: DEC. 31, 2011
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	20 day of an election [7]
sur day preceding election	30 day after election X year-end report dissolution
E. BERNARD PLANTE	PLANTE COMMITTEE
Candidate Full Name (if applicable)	Committee Name
SELECTMAN	LYNNE S. PLANTE
Office Sought and District	Name of Committee Treasurer
5 CARLETON RD, MILLBURY, MA. 01527	
Residential Address	5 CARLETON RD, MILLBURY, MA 01527 Committee Mailing Address
Telephone Number (optional): 508 - 865 - 0364	Telephone Number (optional): 508-865-0364
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report.	7668. 76
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	7668.76
Line 4: Total expenditures this period (page 5, line	
Line 5: Ending Balance (line 3 minus line 4)	5808.46
Line 6: Total in-kind contributions this period (pag	e 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: MILLBUA	LY SAVINGS BANK
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 co	f my knowledge and belief, a true and complete statement of all campaign finance
finance activity of all persons acting under the authority or on behalf of this committee in ac	nurroutions and flaofitties for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Symul A. Plant	(Treasurer's signature) Date: 1/12/12
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting p	rdance with the requirements of M.G.L.c. SS. I have not received any contributions.
Candidate without Committee OR Candidate with independent activity filing seps I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this company.	est of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	uto (Candidate's signature) Date: 1/4//2

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)	
		7.		
	v. 898°.			
4				
ine 9: Total Rece	ipts over \$50 (or listed above)			
ine 10: Total Reco	eipts \$50 and under* (not listed above)			
ine 11: TOTAL	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)	
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	, , ,			
ine 9: Total Recei	pts over \$50 (or listed above)			
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 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.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
12/20/11	THE CANDY SHOPPE	19 MAIN ST MILLOURY, MA	61FTS	115.80	
8/19/11	COMMITTEE TO ELECT JAMES KIRSTEN	WORCESTEK, MA	CONTRIBUTION	100.00	
6/30/11	FRIENDS OF THE MILLBURY SENIORS	RIVER ST MILLBURY, MA	CONTRIBUTION SPONSOR-BAND CONCENTI	200.00	
9/25/11	MILLBURY BEMOCRATIC TOWN COMMITTEE	MILLBURY, MA	SPONSOR	100.00	
16/4/11	MILLBURY FINEFIGHTANS RELIEF ASSOC	127 ELM ST. MILLBURY, MA	BONATION	10000	
10/3/11	MILLBURY LIONS CLUB	P.O.BOX 385 MILLBUKY,MA	DUES	75.00	
8/15/11	MILLBURY SOCCERCIUB	ROLLIE SHEMAKD DR MILLOUKY, MA	DONATION	100.00	
12/28/11	MILLE VRY TOWNE FLORIST	50-MAIN ST. MILLBURY, MA	FLORAL ARAANGEMENT	54.31	
5/27/11	TARGET NATIONAL BANK	PO BOX 660170 DALLAS, TX 73266-0170	CAMPAIGN WORKERS DINNER	200.80	
12/13/11	WTAG CHRISTMAS FOR CHILDREN	370 MAIN ST, SVITE 650 WORCESTEK, MA	DONATION	100.00	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1145.91	
		Line 13: Total Expenditures \$50	714.39		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1860,30	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line I3 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			: :	-
	\$ \frac{1}{2}			
			#\$4	
-				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
		Line 14: TOTAL EXPENDIT		

^{*} 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
				·
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	\(\frac{1}{2}\).			
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		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 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.

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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
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