

# Form CPF M 102: Campaign Finance Report Municipal Form Address of the second second

of Massachuse	utts		File with	: City or Town Clerk	or Election Commissio
Fill in Rep	porting Period dates: Beginning Date: JX	N1,2012	Ending Date:	DEC 31, 2	
Type of R	Report: (Check one)				
8th day	preceding preliminary 8th day preceding election	30 day after	r election	ear-end report	dissolution
E	. BERNARD PLANTE  Candidate Full Name (if applicable)	P		MMITTEE mittee Name	
	SELECT MAN			. PLANT	<u> </u>
L	Office Sought and District			ommittee Treasurer	
5 CAR	RLETON RD, MILL BURY, MA 01527 Residential Address	5 CAR	RLETON RD Committee	, MILLBVI Mailing Address	rymh oisi:
Telephone Nu	mber (optional): 508 - 865 - 0364	Telephone Num	iber (optional):	508-865.	0364
ľ	SUMMARY BALANC	E INFORM	ATION:		
	Line 1: Ending Balance from previous report			46	
	Line 2: Total receipts this period (page 3, line 11)	)	292.	60	
-	Line 3: Subtotal (line 1 plus line 2)		6100	46	
	Line 4: Total expenditures this period (page 5, lin	ne 14)	3227.1	8	
	Line 5: Ending Balance (line 3 minus line 4)		2873.2	8	
Management of the state of the	Line 6: Total in-kind contributions this period (pa	ige 6)			
	Line 7: Total (all) outstanding liabilities (page 7)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	_
	Line 8: Name of bank(s) used: MILLBUR	Y SAVING	S BANK		
I certify that I I activity, includ finance activity	ommittee Treasurer: have examined this report including attached schedules and it is, to the best ling all contributions, loans, receipts, expenditures, disbursements, in-kind of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	contributions and lia	bilities for this reporting	ng period and represer L. c. 55.	Il campaign finance ats the campaign
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)			
l certify the activity, or	e with Committee and no activity independent of the committee and 1 have examined this report including attached schedules and it is, to the f all persons acting under the authority or on behalf of this committee in ac ny liabilities nor made any expenditures on my behalf during this reporting	cordance with the re	dge and belief, a true arequirements of M.G.L.	nd complete statement c. 55. I have not rece	t of all campaign finance ived any contributions,
I certify th	e without Committee OR Candidate with independent activity filing se hat I have examined this report including attached schedules and it is, to the tivity, including contributions, loans, receipts, expenditures, disbursements finance activity of all persons acting under the authority or on behalf of thi	best of my knowled s, in-kind contribution	ons and liabilities for the	is reporting period an	d represents the
Signed under	the penalties of perjury:	(2)	(Candidate's signatu	re) Date:	1/18/13

### 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	
10/4/12	JAMES LAVALLEE 11 RICHARDS AVE, RUTLANDIMA	250.00	COMM OF MASS
		·	
			÷
Line 9: Total Receip	ots over \$50 (or listed above)	250.00	
Line 10: Total Recei	pts \$50 and under* (not listed above)	42.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	292.00	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)	Amount	Occupation & Employer (for contributions of \$200 or more)
-			
Total Control of the			
v.			
		4.	
ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD	← 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.)

	To Whom Paid	The same and a page number of	- Autor bargot	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
7/3/12	BJ'S WHOLESALE	WASHINGTON ST AUBURN, MA	COOK OUT FOR CAMPAIGN WORKERS	134.73
7/6/12	BT'S WHOLESALE	WASHINGTON ST AUBURN, MA	FOOD PANTRY	121.98
11/12/12	CHASE CARD SERVICES	PO BOX 15153 WILMINGTON, DE 19886	CLOTHING	429.69
5/7/12	COMM TO ELECT MIKE MOORE	7 MOMIN DR MILLOURY, MA	CONTRIBUTION	75.00
9/18/12	I PARTY	70 WORE-PROVINGE MILLBURY, MA	CONTRIBUTION - MILLOWA BICENTENWIPL OKTOBOLFES	1 5727
9/22/12	I PARTY	70 WORD-PROUTPRE MILLBURY, MA	CONTRIBUTION-MILLBURY BICENTENNIAL OKTOBERGEST	54.63
8/15/12	MIKE WOLL MEMORIAL SCHOLANSHIP FUND	WEST MAIN ST MILLBURY, MA	CONTRIBUTION	100.00
9/26/12	MILLBURY BICENTENNIAL COMMITTE	TOWN ITALL 127 ELM ST MILLBURY, MA	CONTRIBUTION -MILLBURY BICKNTENNIAL OKTOBEL FEST	300.00
12/5/12	MILLBURY BICENTENNIAL COMMITTEE	TOWN HALL 127 FLM ST MILLBURY, MA	TICKETS - MILLBURY BICENTENNIAL BALL	140.00
3/16/12	MILLBURY DOLLARS FOR SCHOLARS	TOWN HALL  127 ELM ST  MILLBURY, MA	CONTRIBUTION	100.00
3/15/12	MILLBURY LIDAS CLUB	PO BOX 385 MILLBURY, MA	CONTRIBUTION	100.00
9/1/12	MILLBURY LIONS CLUB	PO BOX 385 MILLBURY, MA	DUES	75.00
		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 EXPENDIT	URES IN THE PERIOD	
	·			L

<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.

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## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/9/12	MILL BURY TOWNE FLORIST	4 SO MAIN ST. MILLBURY, MA	FLORAL ARRANGEMENT	61.13
3/2/12	MILLBURY TOWNE FLORIST	4 SOMAIN ST MILL BURY, MA	FLORAL ARRANGEMENT	59.63
10/7/12	MILLBURY TOWNE FLORIST	4 SO MAIN ST MILLBURY, MA	FUNEXAL AKRANGEMENT	86.19
9/18/12	RAYS TRUE VALUE	22 HOWE AVE MILLBURY, MA	MILL BICENTENNIAL SHIRTS FOR OKTOBER FEST WORKERS	70.00
8/15/12	ROYAL PUBLISHING	7620 N. HARKER DR PEORIA, IL 6/615	ADVERTISEMENT FOR STUDENTS	70.00
9/12/12	UMASS MEMORIAL CANCER WALK	333 SOUTH ST. SHREWSBURY, MA.	CONTRIBUTION	100.00
7/10/12	WORCESTER COUNTY DEPUTY SHERIFFS ASSOCIATION	WEST BOYLSTON, MA	CONTRIBUTION FOR ELBERLY	100.00
		*		
		Line 12: Expenditures over \$50	(or listed above)	2235.21
Line 13: Expenditures \$50 and under* (not listed above)			991.97	
70	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	3227.18

<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	Value
		\$.		
		7 :		
		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	

<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
A CONTRACTOR OF THE CONTRACTOR				
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	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTAND	INC I IA DIT TETTE CALLED	