

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

of Massachusetts	15 Jan 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2
Fill in Reporting Period dates: Beginning Date: JA	N 1, 2014 Ending Date: DEC 31, 2014
Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
E. BERNARD PLANTE Candidate Pull Name (if applicable)	PLANTE COMMITTEE Committee Name
SELECT M AN Office Sought and District	LYNNE S. PLANTE Name of Committee Treasurer
5 CARLETON RD, MILLBURY, MA 01527 Residential Address	5 CARLETON RD MILLBURY MR 01522 Committee Mailing Address
Telephone Number (optional): 508 - 865 - 0364	Telephone Number (optional): 508-865-0364
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	1371. 95
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	1371, 95
Line 4: Total expenditures this period (page 5, lin	e 14) //37, /4
Line 5: Ending Balance (line 3 minus line 4)	234.81
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: M/LLBURY	SAVINGS BANK
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 Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	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 on behalf of the	best of my knowledge and belief, a true and complete statement of all campaign in-kird contributions and liabilities for this reporting period and represents the
Signed under the penalties of periury:	(Candidate's signature) Date: 1/20//5

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)
		:	
ine 9: Total Receipt	ts over \$50 (or listed above)		
ne 10: Total Receip	ets \$50 and under* (not listed above)		
ine 11: TOTAL RE	CEIPTS 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)		
	0.0				
,					
Line 9: Total Receipt	ts over \$50 (or listed above)		= 10 10 10 10 10 10 10 10 10 10 10 10 10		
Line 10: Total Receip	ots \$50 and under* (not listed above)				
	CCEIPTS 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.)					
Date Paid	To Whom Paid	A delinera	Dumasa of Eumanditum	Amount	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
nlula	COMMITTEE TO ELECT	19 SHIRLEY AVE	Anura, aurinal	100.00	
2/24/14	WILLIAM BOROWSKI	MILLBURY, MA	CONTRIBUTION	100.	
-1-1-1	COMMITTEE TO ELECT	7 MOMIN DR		100.00	
5/5/14	MIKE MOORE	MILLBURY, MA	CONTRIBUTION	100.	
	, ,				
1/20/11	CENTRAL MASS	MARBLE RD	Andraia mini	150.00	
6/29/14	SHOOTERS	SUTTON, MA	CONTRIBUTION	100.	
		TOWN HALL			
3/22/14	DOLLARS FOR	127 ELM 51	CONTRIBUTION	100.00	
	SCHOLARS	MILLBURY, MA			
	MILLOURY TOWNE FLORIST		FUNERAL ARAMOE-		
11/10/11	MILLOURY TOWNE	4 50 MAIN ST	MENT	54.31	
11/19/19	FLORIST	MILLBURY, MA			
5/14/14	POLITO COMMITTEE	SHREWSBURY, MA	CONTRIBUTION	100.00	
0/////					
			SPONSOR - LUNCHEON		
4/17/14	SCALES	South and Man Man	WORCESTER COUNTY	100.00	
.,,,,,		MILLBURY, MA	SELECTMEN'S ASSOC		
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				001/3/	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	704.31	
	* e	I ine 12. Total Expanditures 05/	and under* (not listed shows)	432.83	
Line 13: Total Expenditures \$50 and under* (not listed above) 43			100.		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			113 1714		
* If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures			110 411		

^{*} 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
			,	
		G.		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and un	nder* (not listed above)	
	Enter on page 1, line 4 →	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 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 ·
			N#	
	22			
	÷			
22	× .	Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	550 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	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
	·			
				,
		2		