

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

|   | File with: City or Town Clerk or Election Commissio   |
|---|---|
| Fill in Reporting Period dates: Beginning Date:   | H-11-15 Ending Date: 5-18-15  |
| Type of Report: (Check one)   |   |
| 8th day preceding preliminary 8th day preceding ele   | ection 30 day after election year-end report dissolution  |
| FRANCIS B. KING Candidate Full Name (if applicable)   | CTE FrANCIS B. KING   |
|   | Committee Name  |
| DEALCT MAN  | hee A. ASOTTE   |
| Office Sought and District  | Name of Committee Treasurer   |
| 935. Oxford Rd. MINIBOY MA  | 5 GOVER RA, MILLOSY MA  |
| Residential Address 01.5  |   |
| Telephone Number (optional):  | Telephone Number (optional):  |
| SUMMARY BAI   | LANCE INFORMATION:  |
| Line 1: Ending Balance from previous repo   | nt #3467.43   |
| Line 2: Total receipts this period (page 3, li  | ine 11) # 215.00  |
| Line 3: Subtotal (line 1 plus line 2)   | * 3682- 43  |
| Line 4: Total expenditures this period (page  |   |
| Line 5: Ending Balance (line 3 minus line 4   |   |
| Line 6: Total in-kind contributions this period   |   |
| Line 7: Total (all) outstanding liabilities (page 1)  |   |
| Line 8: Name of bank(s) used:   | y federal Credit Usin   |
| ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to it tivity, including all contributions, loans, receipts, expenditures, disbursements, in nance activity of all persons acting under the authority or on behalf of this commit gned under the penalties of perfury: | the best of my knowledge and belief, a true and complete statement of all campaign finance a-kind contributions and liabilities for this reporting period and represents the campaign ittee in a cordance pit the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5-22-15 |
| OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (chec  |   |
| 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 finance   |
| Candidate without Committee OR Candidate with independent activity fill I certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburses campaign finance activity of all persons acting under the authority or on behalf         | to the best of my knowledge and belief, a true and complete statement of all campaign   |
| med under the penalties of perjury:   | (Candidate's signature) Date: 5-26-15   |

### 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) Amou |          | Occupation & Employer (for contributions of \$200 or more) |
|------------------|---|----------|--|
| 4/17/15          | MARK J. GOTESTY I Providence ST ANITOUM MA                        | \$100,00 | Nfa  |
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|                  |   |          |  |
| ·                | over \$50 (or listed above)                                       | 1/66.60  |  |
|                  | s \$50 and under* (not listed above)                              | 115.00   | v  |
| ie 11: TOTAL REC | CEIPTS IN THE PERIOD  | 215.00 + | 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) |  |
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| <del></del>        | rer \$50 (or listed above)  |            |  |  |
| ne 11: TOTAL RECEI | DPTS IN THE PERIOD  ts of \$50 and under, include them in line 9. | <b>←</b> 1 | 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 expen  | ditures. Please include your com         | mittee name and a page number o   | n each page.)  | •         |
|------------------|--|-----------------------------------|--|-----------|
| Date Paid        | To Whom Paid (alphabetical listing)      | Address                           | Purpose of Expenditure                                     | Amount    |
| 4/24/15          | CTE<br>Michael Moors                     | D. Maries DC                      | DON ATTON  | # HODE    |
| 4/13/15          | Friends of<br>14,116 My Source<br>CENTER | 1 River ST<br>Millbuy MA          | Downm  | \$500.00  |
| 4/13/15          | I.B.A<br>Print Shop                      | 19 River St<br>Millboy MA         | Color Physis Sor Campaign                                  | 1119.24   |
| 115              | Proximo, Inc                             | 348 Shrass bery ST<br>WARLSTV, MA | CARDSY MARRY   | 4 1097.59 |
| 5/18/15          | Somes<br>Searcol + Carerry               | 45 RIVERST<br>MILLONYMA           | Cekbratin  | \$ 400.ª  |
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|                  |  |                                   |  |           |
|                  | *  |                                   |  |           |
|                  | Li                                       | ine 12: Total Expenditures over   | \$50 (or listed above)                                     | 276.73    |
|                  | Li                                       | ne 13: Total Expenditures \$50 a  |  | -0-       |
| vou have itemize | j  | ne 14: TOTAL EXPENDITUE           | RES IN THE PERIOD   Ald include only those expenditures in | 276.73    |

above. Page 4

### SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing)                     | Address                           | Purpose of Expenditure | Amount |
|-----------|---|-----------------------------------|------------------------|--------|
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|           |   |                                   |                        |        |
|           |   |                                   |                        |        |
|           | Li  | ne 12: Expenditures over \$50 (or | r listed above)        |        |
|           | Li  | ne 13: Expenditures \$50 and und  | er* (not listed above) |        |
|           | Enter on page 1, line $4 \rightarrow \boxed{\text{Li}}$ | ne 14: TOTAL EXPENDITUR           | ES IN THE PERIOD       |        |

<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 |
|---------------|---------------------------|--|------------------------------|-------|
|               |                           |  |                              |       |
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|               | ·                         | The same and the s |                              |       |
|               |                           | Line 15: In-Kind Contributions ov  | ver \$50 (or listed above)   |       |
|               |                           | Line 16: In-Kind Contributions \$5   | 0 & under (not listed above) |       |
|               | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND CON   | TRIBUTIONS                   | -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 |
|---------------|-------------|---------|----------------------|--------|
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|               |             |         |                      |        |
|               |             |         | NG LIABILITIES (ALL) |        |