

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| | | | | IB | |
|----|---------------|----|-------|-------|--|
| 15 | J_{ij}^{**} | 16 | S: 50 | 11/14 | |

11121111

Date: 1-16-15

(Candidate's signature)

| of Massachusetts | 19 3/11 0 111 51 51 | | | | cm B |
|--|--|----------------------|--|--|---|
| | MALCON STATE | cm B | <u>></u> | File with: City or 7 | Town Clerk or Election Comm |
| Fill in Reporting Period date | es: Beginning Date: | 5/20/2014 | Ending D | | /2014- |
| Type of Report: (Check one |) | | | | |
| ☐ 8th day preceding preliminary | | ion 🗀 20 des | | | |
| | | ion 30 day | y after election | ✓ year-end ı | report dissolution |
| FRANCIS B. | KING | Com | MITTE TO | De-Ch | and the same of |
| | ame (if applicable) | | WITT JUNE 10 | Committee Name | et steptis B. |
| SELECTMAN | 1 | | GE A. | 11111-7 | ~ |
| | ht and District | 4 | | e of Committee Tre | |
| 92 So. Ox For | Od Millhim | | GOVER | | 111614 |
| | al Address | | | amittee Mailing Ad | drees |
| elephone Number (optional): | al Address | | - | | UN |
| | | Telephone | Number (optional); | 508 8 | 65-2487 |
| | SUMMARY BALA | NCE INFO | RMATION. | | |
| | | | 4 | | |
| Line 1: Ending B | alance from previous report | į | P 13 | 26.90 | 6 |
| Line 2: Total rece | eipts this period (page 3, line | :11) | | \$0.00 | 2 |
| | | / | | 0.00 | |
| Line 3: Subtotal (| line 1 plus line 2) | | チノラス | 6.96 | İ |
| Line 4: Total expe | enditures this period (page 5, | , line 14) | \$ 53 | 0.00 | |
| Line 5: Ending Ba | alance (line 3 minus line 4) | | \$ 71 | 6.96 | |
| Line 6: Total in-ki | ind contributions this period | (page 6) | 75 | 0.00 | |
| Line 7: Total (all) | outstanding liabilities (page | 7) | 4 | 0.00 | |
| Line 8: Name of ba | ank(s) used: | y Fede | ral Caed | or UNI | M |
| avit of Committee Treasurer: | | | | | |
| ify that I have examined this report includity, including all contributions, loans, received activity of all persons acting under the | DIS, experients in less printerients in less | ed confributions and | lightlifties for this rows | vetica maniad and | nt of all campaign finance |
| so near 113 of an bersons setting midel the 8 | uthority on behalf of this committee | in accordance with | the requirements of M | .G.L. c. 55. | |
| d under the penalties of perjury: | fle u. vy | 1000 | (Treasurer's signs | ature) Dat | c: 1-14-15 |
| CANDIDATE FILINGS ONLY | Affidavit of Candidate: (cheft 1 | box only) | | | |
| andidate with Committee and no activit | ty independent of the committee | | | | |
| certify that I have examined this report inc tivity, of all persons acting under the auth curred any liabilities nor made any expend | OFICE OF ON DENSATION THIS COMMITTEE IN I | accordance with the | ledge and belief, a true requirements of M.G. | and complete state L. c. 55. I have not | ment of all campaign finance received any contributions, |
| andidate without Committee <u>OR</u> Candi | date with independent activity filing | sengrate renort | | | |
| ertify that I have examined this report incl ance activity, including contributions, loa | luding attached schedules and it is, to the second state of the second second state of the second state of the second se | he best of my knowl | ione and lightlities for | this recommend | . d |
| mpaign finance activity of all persons acti | ng under the authority or on behalf of ti | his committee in acc | ordance with the requi | irements of M.G.L. | c. 55. |

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) |
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| | | | |
| ne 9: Total Receip | ts over \$50 (or listed above) | | |
| ne 10: Total Receip | ots \$50 and under* (not listed above) | | |
| | ECEIPTS IN THE PERIOD | 10.00 | - 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 | (for | Occupation & Employer (for contributions of \$200 or more) | | |
|-----------------------|--|-----|--------|-------------|--|--|----------|
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| | ver \$50 (or listed above) | | | | | Ħ | |
| U: 10tal Receipts \$5 | 50 and under* (not listed above) | | | | | | |

* 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

| (A "Schedule B: Expenditures" attachment is available to complete, print and attach to 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 | |
| | Engual of the | | | | |
| 7/7/14 | Friends of the Millowy Seura CAR | MILLOUY MAORE | DONATION | \$400.00 | |
| | | 18 WAShuyan ST | | | |
| 9/27/14 | MINGORY CONNERS | | DONATIOS | \$100.00 | |
| | Millburg Lims | P.O. Box 305 | • | 4 10 | |
| 47/14 | FOUNDATION INC | Milloy MA 015Z | DONATION | \$50.00 | |
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| | | | | | |
| | | Line 12: Total Expenditures over | er \$50 (or listed above) | £550.00 | |
| | | Line 13: Total Expenditures \$50 | \$0.00 | | |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDIT | URES IN THE PERIOD | \$550.00 | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|-------------------------------------|--------------------------------|------------------------|--------|
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| * £ | | Line 12: Expenditures over \$5 | 60 (or listed above) | 550,00 |
| · •. | | Line 13: Expenditures \$50 and | | 0.00 |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDIT | TURES IN THE PERIOD 5 | 50.00 |

^{*} 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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| | | | | |
| | | Line 15: In-Kind Contributions | over \$50 (or listed above) | \$0.00 |
| 4 | | Line 16: In-Kind Contributions | \$50 & under (not listed above) | |
| | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND CO | ONTRIBUTIONS | \$0.00 |

^{*} 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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| | Enter on page 1, line $7 \rightarrow L$ | ine 18: TOTAL OUTSTANDIN | NG LIABILITIES (ALL) | 0.00 |