

# Form CPF M 102: Campaign Finance Report Municipal Form Campaign and Political Finance Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	116/12 Ending Date: 3/24/12				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution				
Frank IRR	CtE Frank LORR				
Candidate Full Name (if applicable)	Committee Name				
	Loli Burrows / Sue elle				
Office Sought and District	Name of Committee Treasurer				
Residential Address	Committee Mailing Address				
Telephone Number (optional):	Telephone Number (optional):				
CITAGO					
SUMMARY BALAN	CE INFORMATION:				
Line 1: Ending Balance from previous report	1923.34				
Line 2: Total receipts this period (page 3, line 11	210.00				
Line 3: Subtotal (line 1 plus line 2)	1939,34				
Line 4: Total expenditures this period (page 5, lin	ne 14) 394.75				
Line 5: Ending Balance (line 3 minus line 4)	42.59				
Line 6: Total in-kind contributions this period (pa	age 6)				
Line 7: Total (all) outstanding liabilities (page 7)	150.00				
Line 8: Name of bank(s) used: MCa					
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 finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)				
incurred any liabilities nor made any expenditures on my behalf during this reporting					
Candidate without Committee OR Candidate with independent activity filing separate report  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 activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55:					
igned under the penalties of perjury:	(Candidate's signature) Date:				

## 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)
4/10/201/2	Heffrey Bridden H Budreau ave milburg	<u> </u>	
4111/12	Gene Colacchio 20 School st Millburg	10.00	
4/11/12	Daniel' F Girard fr BoHerricks (N millburg	50°	
4/23/12	1492 Grafton Rd	100 0	
4/20/12	Concetta tritone ed 644 old fell River ed bartmouth ma	2500	
	*** **********************************		
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Tays .	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line	← 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)		
	e de la companya de l				
· · ·					
	ots over \$50 (or listed above)				
	pts \$50 and under* (not listed above)  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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
·				
	,			
			***	
			· · · · · · · · · · · · · · · · · · ·	
The state of the s				
		Line 12: Expenditures over \$50	(or listed above)	
	Line 13: Expenditures \$50 and under* (not listed above)			
·		Line 14: TOTAL EXPENDITU		

<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 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
)	4122	Capital Connection S	13 BOX 5 90546 Newton Center ma	mailing	[1/00 m
7	4125	Brian	57 san foroed worcester ma	catering	50.108
	3/a	C+S Jember	124 mainst millburg	Signsuppleis	14.82
	5/2	A+D, Risa	60 Elm'st millburg	Sood	2000
	572	Brian On	57 Santoro ed		60,00
	5/2	Sumiler	5 church St Millbury Ma	Copying. Stamps misc	218,43
	1				
	100000000000000000000000000000000000000				
	Tropical Control Contr				
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				1894,75	