



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED AT OFFICE OF
CHATHAM, MA TOWN CLERK

2011 JUN 10 AM 11:28
File with City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="(226)"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1400"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,174"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,153"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="21"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="none"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="none"/>
Line 8: Name of bank(s) used:	<input type="text" value="BANK OF AMERICA"/>

Affidavit of Committee Treasurer:
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 all 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.

Signed under the penalties of perjury: (Treasurer's signature) Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box 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 best of my knowledge and belief, a true and complete statement of all 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

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.

Signed 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)
	SEE ATTACHED LIST		
Line 9: Total Receipts over \$50 (or listed above) (Page 2A)		1100	
Line 10: Total Receipts \$50 and under* (not listed above)		300	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1400	← 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.

Date	Name and Address	Amount	Occupation
5/4/2011	Bartlett, Charles and Stephanie, 241 Kendrick Rd. 02650	50	
5/3/2011	Cogan, Mary T., 77 Tisquantum Rd., 02633	200	Retired
5/7/2011	Daly, C.U. and C. S.	100	
5/4/2011	Donoghue, Joanne	50	
5/9/2011	Galop, Agnes, 152 Old Queen Anne Rd., 02633	200	Retired
5/4/2011	Gustafson, C., 33 Dune Rd., 02633	100	
5/4/2011	Higgins, Jennifer, 42 Cedar St., 02633	50	
5/5/2011	Leavitt, Richard F., 31 Barn Hill Rd., 02669	200	
5/6/2011	Moffett, D. Read and Jane M., 207 Horizon Dr., 02633	100	
5/7/2011	Siewert, Patricia, 399 Cedar St., 02633	50	
Contributions of \$50 or more —		\$ 1100	

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/2/11	Eve Dalmolen	223 Morton Rd Chatham 02659	Postage reimbursement	105-
5/5/11	Cape Cod Chronicle	Monson Hwy House Way, Chatham 02633	Advertisement	506.40
5/9/11	"	"	"	253.20
5/3/11	Staples	128 Cranberry Rd Orleans 02653	printing	103.57
5/7/11	Staples	"	"	159.35
5/9/11	"	"	"	26.02
Line 12: Expenditures over \$50 (or listed above)				1153.54
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1153.54

Enter on page 1, line 4 →

* 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
	NONE			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				