



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or 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="1600"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="15651"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="17251"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="17251"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="10,000"/>
Line 8: Name of bank(s) used:	<input type="text" value="TD Bank"/>

2013001-1115-00  
 TOWN OF STUR  
 10/01/2013

**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)
09/27/2013	Gabrielle Brennan 22 Pine Ridge Road Subbury, MA 01776	100	
09/23/2013	Nancy Dooley 3500 Lillard Court Fairfax, VA 22033	500	Retired
09/23/2013	Roy Dooley 3500 Lillard Court Fairfax, VA 22033	500	Division Manager, AVP: VSE Corporation 6348 Walker Lane Alexandria, VA 22310
09/29/2013	Shawn Dooley 76 Cleveland St Norfolk, MA 02056	10,000	Norfolk Town Clerk - Town of Norfolk, MA 1 Liberty Lane Norfolk, MA 02056
09/27/2013	Richard Henken 3 Partridge Hill Road Dover, MA 02030	500	President - Schochet Associates, Inc. 175 Federal Street Boston, MA 02110
09/25/2013	Howard Jensen 16 Blueberry Lane Webster, MA 01570	200	Retired
09/24/2013	Richard Lowe 42281 Young Lane Leesburg, VA 20176	500	Self Employed Consultant 42281 Young Lane Leesburg, VA 20176
09/24/2013	Shannon Lowe 42281 Young Lane Leesburg, VA 20176	500	Special Education Aide - Loudon Cty Public Schools 21000 Education Court Ashburn, VA 20148
09/24/2013	Marc O. Miller 503 Summit Crossing Way Cumming, GA 30041	100	
09/27/2013	James Reed 832 NE Logan St. McMinnville, OR 97128	200	Sr. Helicopter Training Captain - Saudi Aramco PO Box 5000 Dhahran, Ash Sharqiyah 31311
09/22/2013	John Richmond 20 Malcolm St. Hingham, MA 02043	500	Doctor - New England Baptist Hospital 125 Parker Hill Ave Boston, MA 02120
09/22/2013	Mary Chris Richmond 20 Malcolm St. Hingham, MA 02043	500	Homemaker
Line 9: Total Receipts over \$50 (or listed above)		continued	
Line 10: Total Receipts \$50 and under* (not listed above)		continued	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		continued	← 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)
09/22/2013	Michael Richmond 20 Malcolm St Hingham, MA 02043	500	Manager - Dedham Health and Athletic Club 200 Providence Hwy Dedham, MA 02026
09/18/2013	Nancy Van Tine 2 Diamond Street Norfolk, MA 02056	500	Attorney - Burns and Levinson 125 Summer St Boston, MA 02110
09/18/2013	Stuart Van Tine 2 Diamond Street Norfolk, MA 02056	500	Retired
Line 9: Total Receipts over \$50 (or listed above)		15,600	
Line 10: Total Receipts \$50 and under* (not listed above)		51	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		15651	← 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.







