



# 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: 5-2-2013 Ending Date: 1-10-2013

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):

FREETOWN CPA COMMITTEE  
Committee Name  
JOSEPH MONTOUR  
Name of Committee Treasurer  
46 CHACE ROAD EAST FREETOWN MA  
Committee Mailing Address  
Telephone Number (optional): 508-763-2402

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report 206.02  
Line 2: Total receipts this period (page 3, line 11)                       
Line 3: Subtotal (line 1 plus line 2)                       
Line 4: Total expenditures this period (page 5, line 14) 206.02  
Line 5: Ending Balance (line 3 minus line 4) - 0 -  
Line 6: Total in-kind contributions this period (page 6) - 0 -  
Line 7: Total (all) outstanding liabilities (page 7) - 0 -  
Line 8: Name of bank(s) used: EASTERN BANK

### 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: Joseph Montour (Treasurer's signature) Date: 1-10-2013

### 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.)

[illegible]

\* 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 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.

[illegible]

\* 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.



MB-20 - Post Office Box 391, Lynn, MA 01903-0491

Statement Period:  
Account Number:

Nov 01, 2012 thru Nov 30, 2012  
00600729370

019079

|||||  
FREETOWN CPA COMMITTEE  
JOSEPH H MONTOUR  
46 CHACE RD  
EAST FREETOWN MA 02717

### Summary - All Accounts

Type	Account #	Ending Balance
FREE BUSINESS CKG	00600729370	\$191.02
<b>TOTAL BALANCE</b>		<b>\$191.02</b>
<b>Total Balance</b>		<b>\$191.02</b>

### FREE BUSINESS CHECKING - 00600729370

Date	Transaction Description	Withdrawal	Deposit	Balance
	<b>STARTING BALANCE</b>			<b>\$196.02</b>
Nov 30	Service Charge INACTIVITY FEE	5.00		

Starting Balance: \$196.02  
Ending Balance: \$191.02  
Average Collected Balance: \$196.00

Number of Days in Period: 30  
Total Deposits/Credits: \$0.00  
Total Withdrawals/Debits: \$5.00

### Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
11/30	191.02						

### NOTICE

The unlimited deposit insurance coverage for non-interest bearing transaction accounts is set to expire on 12/31/2012. By federal law, as of 1/1/2013, funds in non-interest-bearing transaction accounts (including an IOLTA) will no longer receive unlimited deposit insurance coverage, but will be FDIC-insured to the legal maximum of \$250,000 for each ownership category. For more information or updates, please visit <http://www.fdic.gov/deposit/deposits/unlimited/expiration.html> or [www.easternbank.com](http://www.easternbank.com).

MB-20 - Post Office Box 391, Lynn, MA 01903-0491

Statement Period: Oct 01, 2012 thru Oct 31, 2012  
Account Number: 00600729370

019384  
FREETOWN CPA COMMITTEE  
JOSEPH H MONTOR  
46 CHACE RD  
EAST FREETOWN MA 02717

Summary - All Accounts

Type	Account #	Ending Balance
FREE BUSINESS CKG	00600729370	\$196.02
<b>TOTAL BALANCE</b>		<b>\$196.02</b>
<b>Total Balance</b>		<b>\$196.02</b>

FREE BUSINESS CHECKING - 00600729370

Date	Transaction Description	Withdrawal	Deposit	Balance
Oct 31	<b>STARTING BALANCE</b>			<b>\$201.02</b>
	Service Charge INACTIVITY FEE	5.00		

Starting Balance: \$201.02  
Ending Balance: \$196.02  
Average Collected Balance: \$201.00

Number of Days in Period: 31  
Total Deposits/Credits: \$0.00  
Total Withdrawals/Debits: \$5.00

Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
10/31	196.02						



Electronic Statements  
Smart. Simple. Secure.  
Login to Eastern HomeConnect® to switch



MB-20 - Post Office Box 391, Lynn, MA 01903-0491

Statement Period: Sep 01, 2012 thru Sep 30, 2012  
Account Number: 00600729370

060470



FREETOWN CPA COMMITTEE  
JOSEPH H MONTOUR  
46 CHACE RD  
EAST FREETOWN MA 02717

#### Summary - All Accounts

Type	Account #	Ending Balance
FREE BUSINESS CKG	00600729370	\$201.02
<b>TOTAL BALANCE</b>		<b>\$201.02</b>
<b>Total Balance</b>		<b>\$201.02</b>

#### FREE BUSINESS CHECKING - 00600729370

Date	Transaction Description	Withdrawal	Deposit	Balance
	<b>STARTING BALANCE</b>			<b>\$206.02</b>
Sep 30	Service Charge INACTIVITY FEE	5.00		

Starting Balance: \$206.02  
Ending Balance: \$201.02  
Average Collected Balance: \$206.00

Number of Days in Period: 30  
Total Deposits/Credits: \$0.00  
Total Withdrawals/Debits: \$5.00

#### Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
09/30	201.02						



**Electronic Statements**  
**Smart. Simple. Secure.**  
Login to Eastern HomeConnect® to switch

December 17 2012

Dear Friend's at Trust for Public Land

Enclosed check for \$191.02 to be accepted by The Trust for Public Land.

This money was the remainder of the CPA fund for promoting the CPA for Freetown

Unfortunately there is no interest by the Voters of Freetown at present time.

Thank You

Joseph Montour

Treasurer Freetown CPA



BOSTON, MA 02110

53-179  
113

No. 3191131

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

**NOTICE TO CUSTOMER**

The purchase of an Indemnity Bond will be required before this check will be replaced or refunded in the event it is lost, mutilated or stolen.

TO THE ORDER OF \_\_\_\_\_

**PERSONAL MONEY ORDER**  
NOT VALID FOR MORE THAN \$1,000.00

*Joseph Montour*  
DRAWER

*41 Charles E. Frazier, Inc.*  
ADDRESS