



# Form CPF M 102-0: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

City or Town of: Freetown

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning				Ending	Dec. 31, 2014	

Type of Report: (Check One)

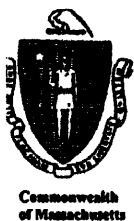
☐ 8th day preceding preliminary/primary
 ☐ 8th day preceding election
 ☐ 30th day following election (Town or Special)
 ☒ 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- I certify that I am a candidate for or hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT <i>held</i>
12/15/14	<i>Angeline A. Brown</i>	132 Bullock Rd	Town Clerk
12/17/14	<i>John J. Marcella</i>	8 Gurney Rd.	Highway Surveyor
12/17/14	<i>Lucille M. Rosa</i>	9 W. Cadworth Ave	Library Trustee
12-17-14	<i>Maurice P. Mazzarilli</i>	102 Chace Rd	Tree warden
12-17-14	<i>MM</i>	85 LAUREL ST.	ASSESSOR
12-22-14	<i>MM</i>	17 POINT OF PINES RD	PLANNING
12/22/14	<i>BE Parva</i>	71 Bullock Rd	Finance
12/22/14	<i>BE Parva</i>	71 Bullock Rd	Water
12-30-14	<i>MM</i>	35 E PUM	Water
12/31/14	<i>MM</i>	3 Christy Ln	Planning board
12/31/14	<i>MM</i>	3 Christy Ln	Zoning Board
12/31/14	<i>Robert W. Clark</i>	171 Bullock Rd	School Committee
12/31/14	<i>Ra. B. Clark</i>	7 KEVIN DR.	Planning Board





Form CPF M 102-0: Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance

City or Town of: FREETOWN

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	<u>01</u>	<u>01</u>	<u>2014</u>	Ending	<u>12</u>	<u>31</u> <u>2014</u>

Type of Report: (Check One)			
<input type="checkbox"/> 8th day preceding preliminary/primary	<input type="checkbox"/> 8th day preceding election	<input type="checkbox"/> 30th day following election (Town or Special)	<input checked="" type="checkbox"/> 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
12/31/2014	<i>[Signature]</i>	87 DR. BRALEY Road	selectman
1/6/2015	<i>Rent Wilkins</i>	9 S. Hillside	Fin - Com
1/9/2015	<i>[Signature]</i>	16 Dr. Braley Rd	Water Comm.
1/14/15	<i>Pamela Deneault</i>	256 Chace Rd	Fin Com
1/20/15	<i>Gina W. Wilkins</i>	3 HOWARD Rd	MODERATOR
2-03-15	<i>[Signature]</i>	30 LOCUST ST	Planning Board
2-03-15	<i>[Signature]</i>	30 LOCUST ST	WATER DEPT





# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

City or Town of: Freetown

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning				Ending	Dec. 31, 2014	

Type of Report: (Check One)

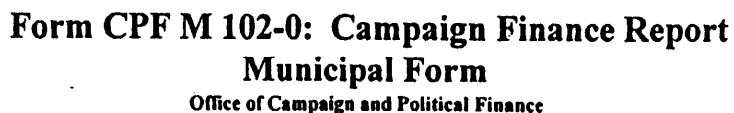
- ☐ 8th day preceding preliminary/primary    ☐ 8th day preceding election    ☐ 30th day following election (Town or Special)    ☒ 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/20/15	Michael T. McCreary	7 South Hollis Ave.	Secretary Commission
1/20/15	Michael T. McCreary	7 South Hollis Ave.	Library Trustee
1/20/15	Michael T. McCreary	7 South Hollis Ave.	School Committee (till June)
1/20/15	Shirley Scaduto	11 TOMMYS LA.	BOARD OF ASSESSORS
1/21/15	Suzanne R. Facher	6 NARRANS ROAD	BOARD OF ASSESSORS





**Please print or type all information, except signatures.**

Type of Report: (Check One)

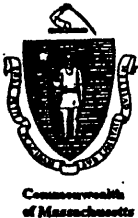
☐ 8th day preceding preliminary/primary    ☐ 8th day preceding election    ☐ 30th day following election (Town or Special)    ☒ 20th day of January (Year-End Report)

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]







**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance

File with:  
 City or Town Clerk or Election Commission

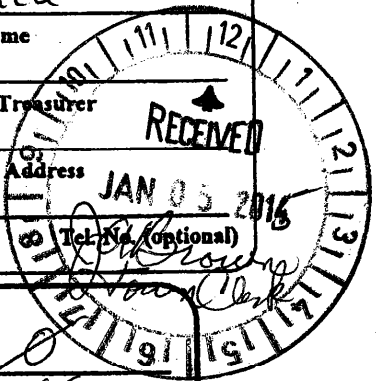
Please print or type all information, except signatures.

Fill in dates:  
 Reporting Period Beginning 01 01 2014 Ending 12 31 2014

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

Kathleen Paine  
 Full Name of Candidate (if applicable)  
  
7 Pierce Way Framtown MA  
 Office Sought and District  
 Residential Address  
  
 Tel. No. (optional)

Finance Committee  
 Committee Name  
  
 Name of Committee Treasurer  
  
 Committee Mailing Address  
  
 Tel. No. (optional)



**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>0</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>0</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>0</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>0</u>
-----	
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	

**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:

[Signature]  
 Treasurer's signature (in ink) Date

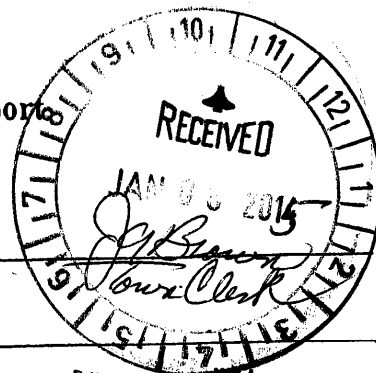
**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**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:

[Signature]  
 Candidate signature (in ink) 12/31/14  
 Date



**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance



File with:  
 City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:                      Month                      Day                      Year                      Month                      Day                      Year  
 Reporting Period Beginning                      2011                      Ending                      12                      31                      14

Type of report: (Check one)    ☐ 8th day preceding preliminary    ☐ 8th day preceding election    ☐ 30 day after election    ☒ Year-end report    ☐ dissolution

Adrianne Levesque  
 Full Name of Candidate (if applicable)  
 \_\_\_\_\_  
213 So. Main St. Avon  
 Office Sought and District  
508 644 3035  
 Residential Address  
 Tel. No. (optional)

Committee  
 Committee Name  
 \_\_\_\_\_  
 Name of Committee Treasurer  
 \_\_\_\_\_  
 Committee Mailing Address  
 \_\_\_\_\_  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report                      \$ 0

Line 2: Total receipts this period (page 2, line 11)                      \$ 0

Line 3: Subtotal (line 1 plus line 2)                      \$ 0

Line 4: Total expenditures this period (page 3, line 14)                      \$ 0

Line 5: Ending balance (line 3 minus line 4)                      \$ 0

---

Line 6: Total in-kind contributions this period (page 4)                      \$ 0

Line 7: Total (all) outstanding liabilities (page 4)                      \$ 0

Line 8: Name of bank(s) used \_\_\_\_\_

**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 (in ink)                      Date

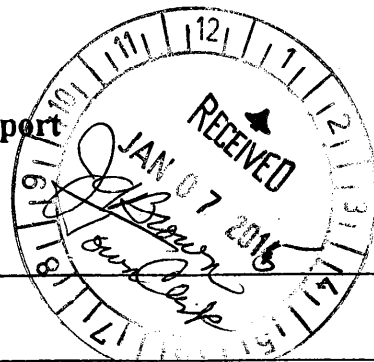
**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**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:  
Adrianne Levesque                      1-6-15  
 Candidate signature (in ink)                      Date





Form CPF M 102: Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance



File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 1 Day 1 Year 14 Ending Month 12 Day 31 Year 14

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Christine R. Paiva

Full Name of Candidate (if applicable)

Library Trustee

Office Sought and District

71 Bullock Road East Freetown

Residential Address

508-763-4169

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$

Line 2: Total receipts this period (page 2, line 11) \$

Line 3: Subtotal (line 1 plus line 2) \$

Line 4: Total expenditures this period (page 3, line 14) \$

Line 5: Ending balance (line 3 minus line 4) \$

Line 6: Total in-kind contributions this period (page 4) \$

Line 7: Total (all) outstanding liabilities (page 4) \$

Line 8: Name of bank(s) used

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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

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☐ 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 signature (in ink)

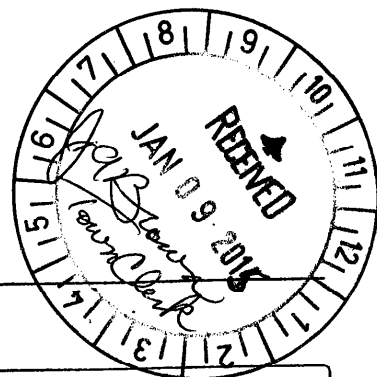
Date



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

Please print or type all information, except signatures.

Fill in dates: Month Date Year Month Date Year  
Reporting Period Beginning Ending 12 31 14

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

Robert Anderson  
Full Name of Candidate (if applicable)  
FINCOM  
Office Sought and District  
68 Laurel St Assonet  
Residential Address  
Tel. No. (optional)

Committee Name  
Name of Committee Treasurer  
Committee Mailing Address  
Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

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

### 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 (in ink)

Date

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

### 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.

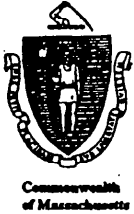
☐ Candidate without Committee OR Candidate with independent activity filing separate report

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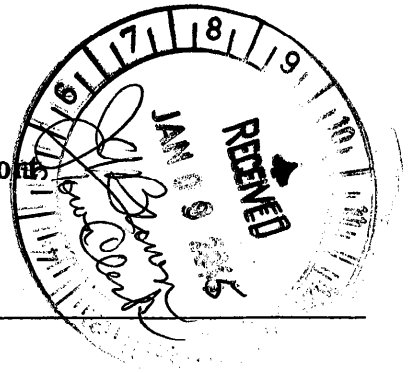
Signed under the penalties of perjury:

Candidate signature (in ink)

Date 1/8/15



**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
Office of Campaign and Political Finance



File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**  
Reporting Period Beginning Month Jan Date 1 Year 2014 Ending Month Jan Date 1 Year 2015

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

John Spencer Ashley  
Full Name of Candidate (if applicable)  
HOUSING AUTHORITY  
Office Sought and District  
68 Keene Road  
Residential Address  
E. Freetown MA  
Tel. No. (optional)

\_\_\_\_\_  
Committee Name  
\_\_\_\_\_  
Name of Committee Treasurer  
\_\_\_\_\_  
Committee Mailing Address  
\_\_\_\_\_  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

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

**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 (in ink) \_\_\_\_\_

Date \_\_\_\_\_

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**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:

John Spencer Ashley  
Candidate signature (in ink)

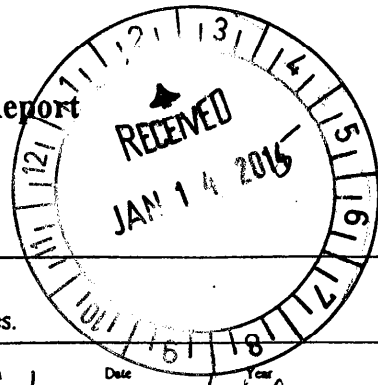
1/4/15  
Date



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

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

JOSEPH M ZINNI JR  
Full Name of Candidate (if applicable)  
BOARD OF TRUSTEES - LIBRARY  
Office Sought and District  
56 HOWLAND RD  
Residential Address  
ASSONET, MA 02702  
Tel. No. (optional)

\_\_\_\_\_  
Committee Name  
\_\_\_\_\_  
Name of Committee Treasurer  
\_\_\_\_\_  
Committee Mailing Address  
\_\_\_\_\_  
Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

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

### 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 (in ink)

Date

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

### 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 (in ink)

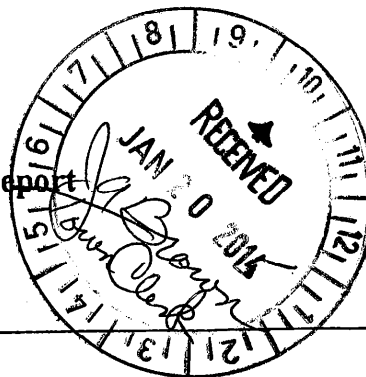
Date

12/31/2014



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

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning January 01, 2014 Ending December 31, 2014

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

Robert Nogueira  
Full Name of Candidate (if applicable)  
School Committee Representative -  
Town of Office Sought and District Freetown  
64B Richmond Road  
Residential Address  
Assonet, MA 02702 644-9896  
Tel. No. (optional)

N/A  
Committee Name  
|  
Name of Committee Treasurer  
|  
Committee Mailing Address  
|  
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>N/A</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u> </u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u> </u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u> </u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u> </u>
-----	
Line 6: Total in-kind contributions this period (page 4)	\$ <u> </u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u> </u>
Line 8: Name of bank(s) used <u>N/A</u>	

Affidavit of Committee Treasurer: N/A  
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 (in ink)

Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

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 signature (in ink)

Date

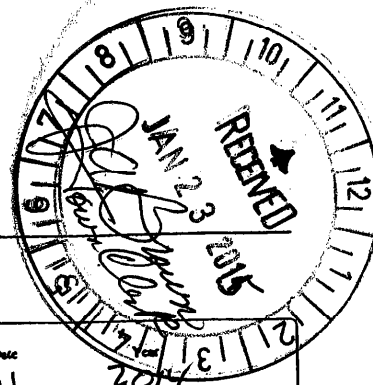
1/19/15



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

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning Month 01 Day 01 Year 2014 Ending Month 12 Day 31 Year 2014

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

Philip FAZZARANO  
Full Name of Candidate (if applicable)  
DIN COM  
Office Sought and District  
18 WINFIELD ST  
Residential Address  
480-332-2067  
Tel. No. (optional)

\_\_\_\_\_  
Committee Name  
\_\_\_\_\_  
Name of Committee Treasurer  
\_\_\_\_\_  
Committee Mailing Address  
\_\_\_\_\_  
Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

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

### 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 (in ink)

Date

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

### 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 signature (in ink)

Date

1/15/2015