

City or Town of: Freetow	'n						
	Please prin	t or type all info	mation, except	signatures.			
Fill in dates: Reporting Period Beginning_	Month Day	Year	Ending_	Month Dec.	31,	Day 2014	Year
Type of Report: (Check One)			-			
8th day preceding preliminary/primary	8th day preceding	g election	30th day follow (Town or Speci		1		oth day of January ear-End Report)
reporting period, and c 3. I certify that I do not h	lo not have a campaign	fund in existen	expenditures, or ce.	incurred an	y obli	igations d	uring this
	lo not have a campaign	fund in existen	expenditures, or ce.	incurred an	y obli	igations d	uring this
	NATURE penalties of perjury		ENTIAL ADDR et and Number)	ESS		III. OF	FICE SOUGHT HE
15/14 Jaguelin	e Broux	132 Bul	lock &	2		Town	Clerk
117/14 Class 1	. Marcula	8 Cur	L Rd.			ichus	1 Surveyor
2/17/14 Licille	M. Rosa	9 W. Cu	dusorth	- Ave	Lie	gra	
2-17-14 Marrie 8	momille	102 Cha	ce nd		Tr	re v	varden
2-17-14 DM (m	85 in	UST 57.		A3	5835	inarden an
22-14	uln	17 POINT	of Pines R	P	PL	MHII	JG
11 1001		. "	00 0	4		-	

171 Bullock RO



		Di.						
		Ple	ase print or ty	pe all informati	on, except	signatures.		
Fill in dat Reporting	tes: g Period Beginning	Month O/	Day O/	Year 2014	Ending_	Month 12	Day 3/	Year 2014
Type of F	Report: (Check One)						
	n day preceding liminary/primary	□ 8th day 1	oreceding elec		n day follow wn or Speci	ving election al)	•	h day of January ar-End Report)
l. I ce	to M.G.L., Chapter ertify that I am a car ertify that I have no	ndidate for or l	contributions,	made any expe	nditures, or	incurred any	obligations du	aring this
rep	orting period, and ortify that I do not h	ave a political	committee.					
rep	ertify that I do not h	ave a political	committee.	II. RESIDENT	IAL ADDR	ESS	III OFF	TICE SOUGHT

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
121		(Street and Number)	
12/31/2014	In land	87 DR. BRAIEY ROOL	selectory
1/6/2015	Rout Willsons	9 S. Hillside	Fin - Com
1/9/201	Phila	16 Dr. Brolly Rd	water Com.
11,4/15	Paul Denegult	256 Chace Rd	Fin Com
1/20/15	Sure W. Clelber	3 HOWBAND Rd	MODERATOR_
7-03-15		30 LOUST ST	Alannia Boxil
Z-03.15	YL R	30 LOWS 5	WATER DOT
No. of the contract of the con			·



City or To	own of: Freetow	'n	*						
ony or re			ase print or ty	ne all informs	ation except	eignaturas			
Fill in dat Reporting	es: Period Beginning_	Month	Day	Year	Ending_	Month Dec.	31,	Day 2014	Year
Type of R	eport: (Check One	e)		·					
	day preceding iminary/primary	8th day p	receding elec		Oth day follow own or Spec		n		th day of January ar-End Report)
Pursuant t	o M.G.L., Chapter	55:							
2. I ce repe	rtify that I am a car rtify that I have no orting period, and o rtify that I do not h	t received any look and look a co	contributions, ampaign fund	made any ex	penditures, o	r incurred a	ny obli	gations di	uring this
DATE	I. SIG Signed under the	NATURE penalties of p		II. RESIDEN (Street a	ITIAL ADDI and Number)	RESS		III. OF	FICE SOUGHT
2015	Hulad T. A	11 e Cue	_ 7,	South of	felside (ave.	lee	anetery	Commission
20.15	Spilar T.	M'au	$-\frac{1}{1}$	fauth o	Holside	au.	Lil	rsry_	Trustee
20-15	spelar T.	Mª lu	7	South	Welside !	Que.	Scho	al pe	mutter (tiel for
120/15	Shel	Scodu	4 11	Tommy				ARD O	F ASSESSORS
21/15	Singnne	I faiste	6	NARRI	rus Ro	AD	BOA	(RI) 0	* ASSESSOR
					1				
	 			······································					
					······································		- <u> </u>		



City or Town of: Freetown	n					
	Please prin	nt or type all infor	mation, except s	signatures.		
Fill in dates: Reporting Period Beginning_	Month Da	y Year	Ending_	Month Dec.	Day 31, 2014	Year
Type of Report: (Check One))					
8th day preceding preliminary/primary	8th day preceding	-	30th day follov (Town or Speci			h day of January r-End Report)
I certify that I am a can I certify that I have not reporting period, and do I certify that I do not have	received any contrib o not have a campaig ave a political commi	outions, made any gn fund in existend ittee.	e.			
	NATURE penalties of perjury		ENTIAL ADDF et and Number)	ŒSS	III. OFF	ICE SOUGHT
1/05/15 Walter	T. Seille.	19 GRAY	DAKE DRI	NE	Housing	Authority
121/15 Km VZ		18 EAST PU	BLIC ST AS	sone+	Cemeters	/ Commission
plie evan c	Lima	41 High	Alex A	meres.	House	AUTHORETS
			•			
<u> </u>						
	······································		······································			
	W		· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			

11/97



City or Tow	n of: Freelo	wr		····		-	
	P	lease print or type	all informa	tion, except s	signatures.		
Fill in dates Reporting P	: Month Period Beginning	Day	Year	Ending_	Month /2	Day 31	Year
□ 8th d	port: (Check One) ay preceding 8th day ninary/primary	preceding election		th day follow			th day of January ar-End Report)
I. I certi I certi report	M.G.L., Chapter 55: Ify that I am a candidate for or fy that I have not received any ting period, and do not have a fy that I do not have a politica	contributions, m campaign fund in	ade any exp	enditures, or	incurred any		
DATE	I. SIGNATURE		RESIDEN	TIAL ADDR	ESS	III. OF	FICE SOUGHT

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/29	William	4 Nevado Are Assent	LIBARY
		•	



City or Town of:	Freetown						
	Plea	se print or type al	l information, exc	cept signatures.			
ill in dates: eporting Period	Month Beginning	Day	Year End	Month ing 12	Day 31	Year / 20/4	
ype of Report:	(Check One)		***************************************				
8th day pro		receding election	30th day f	ollowing electionspecial)		day of January -End Report)	
rsuant to M.G.	L., Chapter 55:						
reporting p 3. I certify the	at I have not received any ceriod, and do not have a caut I do not have a political c	mpaign fund in ex	e any expenditure sistence.	es, or incurred a	ny obligations dur	ing this	
DATE Signe	I. SIGNATURE ed under the penalties of pe				III. OFFICE SOUGHT		
4.1	ne Ashley,		ene Rel E	Trestown	Library	TrusTEE	
	8				/		
				·			
				·			
						-	
				·			
			-				
		- I					



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

ile with: ity or Town Clerk or Election Commission Please print or type all inf	formation, except signatures.
Fill in dates: Moonth Date You Reporting Period Beginning /// U/ &	Month Date Year 19 Ending 12 31 2019
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	ion 30 day after election Dyear-end report dissolution
Full Name of Candidate (if applicable)	FINANCE COMMITTEE Committee Name 111 112
7 Pierce Way Freetown MA Residential Address	Name of Committee Treasurer RECEIVED Committee Mailing Address
Tel. No. (optional)	JAN 0 3 2016 (optional) 14
Line 1: Ending balance from pre- Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabil 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 finance activity, including all contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf	(page 2, line 11) Seriod (page 3, line 14) s line 4) this period (page 4) slitties (page 4) s, to the best of my knowledge and belief, a true and complete statement of all campaign unsements, in-kind contributions and liabilities for this reporting period and represents the
Tresultret's signature (in ink)	Date
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the commit I certify that I have examined this report including attached schedules and it is finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf Candidate without Committee OR Candidate with independent activity Logify that I have examined this report including attached schedules and it is	is, to the best of my knowledge and belief, a true and complete statement of all campaign committee in accordance with the requirements of M.G.L. c. 55. I have not received any if during this reporting period. It is, to the best of my knowledge and belief, a true and complete statement of all campaign rements, in-kind contributions and liabilities for this reporting period and represents the lif of this committee in accordance with the requirements of M.G.L. c. 55.



Form CPF M 102: Campaign Finance Report Municipal Form

RECEN	/ED
JAN O	2014

Filc w	ith:			
	_		 . •	_

	Office of Campaign and	Political Finance	AN O San	JE1
nasouwealth Lacoschusette			1 ABran	
e with: y or Town Clerk or Election Commission	Please print or type all informa	ation, except signatures.	Sour Clerk	
Fill in dates: Reporting Period Beginning	longth Duke Year 2011	Ending /2	3) 14	
Type of report: (Check one) ☐8th day preceding preliminary	☐8th day preceding election	□30 day after election	Wyear-end report □diss	olution
Full Name of Candidat	e (if applicable)	Complete	(SYMMULLE)	
9/2 Office Sought an	nd District (1410NIT)	Name of Com	mittee Treasurer	
Residential A	ddress	Committee M	Sailing Address	
	Tel. No. (optional)		Tel. No. (optional))
Line 2: Tota Line 3: Subt Line 4: Tota	SUMMARY BALANC ng balance from previo l receipts this period (pa total (line 1 plus line 2) l expenditures this peri ing balance (line 3 minus line	ous report age 2, line 11) od (page 3, line 14)	:	
Line 7: Total	in-kind contributions thi (all) outstanding liabiliti e of bank(s) used		\$	-
Affidavit of Committee Treasurer: I certify that I have examined this repo finance activity, including all contribut campaign finance activity of all persons	rt including attached schodules and it is, to it including attached schodules and it is, to it install the schodules and it is, to it install the schodules and it is, to it is included at the penal state of the penal schodules are included and it is included at the penal schodules.	his committee in accordance wi	pelief, a true and complete statement of liabilities for this reporting period and the requirements of M.G.L. c. 55.	of all campaig I represents th
Treasurer's signature (in ink)			Date	
	CANDIDATE FILINGS O	NLY: (CANDIDATE MU	ST SIGN BELOW)	
IUK				•.

Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
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 campaig 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 campaig 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 campaig 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 campaig 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 campaig 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 campaig 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 campaigness and the schedules are the schedules and the schedules are the schedules and the schedules are the schedul
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and the tend, a uniform this report including attached schedules and it is, to the best of my knowledge and tend, a uniform this report in accordance with the requirements of M.G.L. c. 55. I have not received are 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 are 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.
finance activity, of all persons acting under the support and support support and support support and support support and support support and support support and support support and support and support and support and support and supp
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
Candidate without Committee OR Candidate with independent activity filing separate report 1 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 campai 1 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 campai 1 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 campai 1 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 campai 1 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 campai 1 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 campai 1 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 campai 1 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 the schedules are the schedules and it is to the schedules are th
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and certain the reporting period and represents the finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the finance activity, including contributions, loans, receipts, expenditures in accordance with the requirements of M.G.L. c. 55.
finance activity, including contributions, loans, receipts, expensionales, disoursements, discussed and contributions with the requirements of M.G.L. c. 55.



Form CPF M 102: Campaign Finance Report

Fil	c	with:	

	Municip Office of Campaign s	al Form	00	~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	WED -
emeawelfs Massachusetts le with:			10/0	5 () () () () () () () () () (3
ty or Town Clerk or Election Commission	lease print or type all info	rmation, except signat	ures.	> %	
Fill in dates: Month Reporting Period Beginning /	Date Year	Ending	ionth Dy	7	Ycar 14
Type of report: (Check one) 8th day preceding preliminary	8th day preceding election	n □30 day after elec	ction Dyear-	end report	□dissolution
Full Name of Candidate (if a		Co	mmittee Name		_
Library Trustee Office Sought and Dis 71 Bullock Road E		Name of	Committee Tres	surer	
Residential Address 508-763-4169		Commit	tee Mailing Add	lress	
	Tel. No. (optional)			Tel Na (o	ptional)
Line 1: Ending be Line 2: Total reconstructed Line 3: Subtotal Line 4: Total explaine 5: Ending be Line 6: Total in-key	penditures this pe palance (line 3 minus lind contributions the co	ious report page 2, line 11) riod (page 3, line 14 ine 4) nis period (page 4)	\$ \$ \$ \$	10	
Affidavit of Committee Treasurer: I certify that I have examined this report including and contributions, loa campaign finance activity of all persons acting to	ns, receipts, expenditures, disburs	ements, in-kind contributions Tthis committee in accordance	and liabilities for a	una reborinaR be	Tion and telegram are
Treasurer's signature (in ink)			Da	te	
FOR CAN	DIDATE FILINGS	ONLY: (CANDIDATE	MUST SIGN BEI	.OW)	
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activit I certify that I have examined this report inclusionance activity, of all persons acting under the contributions, incurred any liabilities nor made. Candidate without Committee OR Cand I certify that I have examined this report inclusionance activity, including contributions, loans campaign finance activity of all persons acting	ding attached schedules and it is, e authority or on behalf of this oc : any expenditures on my behalf d idate with Independent activity ding attached schedules and it is, s, receipts, expenditures, disburse; under the authority or on behalf Signed under the penalti-	to the best of my knowledge manitiee in accordance with I uring this reporting period filing separate report to the best of my knowledge ments, in-kind contributions of this committee in accordant	and belief, a true as and liabilities for the	nd complete sta his reporting pe ments of M.G.L	stement of all campaign
Candidate signature (in ink)	<u>'</u>		, , , , D	1- 15 Pale	



Form CPF M 102: Campaign Finance Repor Municipal Form

Office of Campaign and Political Finance

	11/18		10
t	A STAN	B.	· 2
	In act to	9	多局
_	3/8		
	(2)	1121	

City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: **Ending** Reporting Period Beginning Type of report: (Check one) □8th day preceding election □30 day after election □year-end report □dissolution ☐8th day preceding preliminary Committee Name Full Name of Candidate (if applicable) EINIOM Name of Committee Treasurer Office Sought and District Committee Mailing Address Residential Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) \$ S Line 3: Subtotal (line 1 plus line 2)

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

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

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

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

Line 8: Name of bank(s) used_

finance activity, including all contributions, toans, receipts, ex	chedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign penditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. ned 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 in	dependent of the committee	
To all that I have arranged this proof including	attached schedules and it is, to the best of my knowle	dge and belief, a true and complete statement of all campaign with the requirements of M.O.L. c. 55. I have not received any
I county that I thave extramed any report many	havity or on habelf of this committee in accordance V	oge and believe with the requirements of M.O.L. c. 55. I have not received any
finance activity, of all persons acting under the aut	HOLKY OF OR OCCUPIE OF THE CONTRIBUTE IN THE	
and including increased any lightlifter nor made any	expectationies on titly person on talk true relevante less	
Candidate without Committee OR Candidate	with independent activity filing separate report	
the state I have examined this report including	attached schedules and it is, to the best of my knowle	edge and belief, a true and complete statement of all campaign ions and liabilities for this reporting period and represents the
I COUNTY WHAT I WAVE EXPERIMENT WAS TO SEE THE PROPERTY OF	winte amenditures dishursements in-kind contribut	sage and behalities for this reporting period and represents the ordance with the requirements of M.G.L. c. 55.
finance activity, including contributions, loans, ro	elpes, experimentes, ensortentiality at the committee in account	reference with the requirements of M.G.L. c. 55.
campaign finance activity of all persons acting und	CL RIC BRITISHING OF OUR OCCURRY OF MEND CONTRIBUTION IN THE	Acetics and and any
- 1	Manca midet me bennines or berland.	, 0,0
	1 1 1 1 0 0	1 1/3
// e/0 <	10mm	101
		Date

\$





File with: City or Town

Please print or type all information, except signature	es.		
Fill in dates: Reporting Period Beginning Jas L 2514 Ending J	7.M.Y.	Date	Year 2015
Type of report: (Check one) □8th day preceding preliminary □8th day preceding election □30 day after election	on 🖆	ear-end report	□dissolution
Housing Authority	mittee Na	ame	
Office Sought and District Name of Co Name of Co	mmittee	Treasurer	
Residential Address Committee E. Frestown MA	e Mailing	Address	
Tel. No. (optional)		Tel. No. (optional)
SUMMARY BALANCE INFORMATIO	N:		
Line 1: Ending balance from previous report	\$	O	
Line 2: Total receipts this period (page 2, line 11)	\$	Ö	
Line 3: Subtotal (line 1 plus line 2)	\$	O	-
Line 4: Total expenditures this period (page 3, line 14)	\$	0	- 1
Line 5: Ending balance (line 3 minus line 4)	\$ \$	Ó	_
Line 6: Total in-kind contributions this period (page 4)	- \$	Ø	
Line 7: Total (all) outstanding liabilities (page 4)	\$	Ø	
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 finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions an campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance w Signed under the penalties of perjury:	nd liabilities	for this reporting puriements of M.G.L	eriod and represents the
Treasurer's signature (in ink)		Date	
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MI	UST 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 finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury:	d belief, a u d liabilities with the rec	us of M.G.L. c. 55. The and complete st for this reporting p	atement of all campaign
Candidate signature (in ink)	-/-	Date	•
			



Form CPF M 102: Campaign Finance Report Municipal Form

`	RELEN	in E
	KFreis	2015
•	IAN 1	it.

with:

	Office of Campaign a	nd Political Finance	[2]	, H
Commonwealth (Massachusetts			JAN' 1 " 200	[6]
ile with: City or Town Clerk or Election Commission				
	Please print or type all infor	mation, except signal	tures. 9//	
Fill in dates: Mond	Dutc Year	Ending	Month Dute Tear	
Type of report: (Check one) ☐8th day preceding preliminary	□8th day preceding election	□30 day after ele	ction	dissolution
JOSEPH M ZINN	1 In			
Full Name of Candidate (BOARO OF TRUST DES	if applicable)	Co	ommittee Name	_
Office Sought and I		Name of	Committee Treasurer	_
Residential Add ASSONET, MA	ress 02762	Commi	ttee Mailing Address	
773501057	Tel. No. (optional)		Tel. No. (option	1al)
Line 2: Total r Line 3: Subtots Line 4: Total e Line 5: Ending Line 6: Total in Line 7: Total (a Line 8: Name o Affidavit of Committee Treasurer: I certify that I have examined this report inc finance activity, including all contributions, campaign finance activity of all persons activ	luding attached schedules and it is, to	ous report page 2, line 11) riod (page 3, line 14) is period (page 4) ies (page 4) the best of my knowledgements, in-kind contributions this committee in accordance	s s s s s s s s s s s s s s s s s s s	and represents the
Treasurer's signature (in ink)				
FOR CA	NDIDATE FILINGS C	NLY: (CANDIDATE	MUST SIGN BELOW)	
Affidavit of Candidate: (check 1 box on Candidate with Committee and no act I certify that I have examined this report in finance activity, of all persons acting under contributions, incurred any liabilities nor m Candidate without Committee OR Ca I certify that I have examined this report in finance activity, including contributions, ic campaign finance activity of all persons act	tivity independent of the committee cluding attached schedules and it is, to the authority or on behalf of this con ade any expenditures on my behalf du andidate with Independent activity for cluding attached schedules and it is, to hans, receipts, expenditures, disbursen	o the best of my knowledge amittee in accordance with r ring this reporting period. Illing separate report to the best of my knowledge aents, in-kind contributions I this committee in accordan	and belief, a true and complete statemer and liabilities for this reporting period a	at of all campaign and represents the 5.





File with: City or Tow

Please print or type all information, except signatures	S.
Fill in dates: Reporting Period Beginning January 01, 2014 Ending Dec	
Type of report: (Check one) □8th day preceding preliminary □8th day preceding election □30 day after election	n Wyear-end report dissolution
School Committee Representative— Town of Office Sought and District Freetown Name of Com 648 Richmond Road	nmittee Treasurer 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 \(\bigcap \langle A \)	N:
Affidavit of Committee Treasurer: I certify that I have examined this report including affacted schedules and it is, to the best of my knowledge and finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance w Signed under the penalties of perjury:	d limitines for firs tehoring berrae are rate and and
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MI	ust 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 finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the 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 finance activity, including contributions today, receipt; expenditures, disbursements, in-kind contributions and campaign finance activity of all persons acting under the puthority or on behalf of this committee in accordance Signed under the penalities of perjury: Candidate senature (in ink)	d belief, a true and complete statement of all campaign I liabilities for this reporting period and represents the



Form CPF M 102: Campaign Finance Report Municipal Form

Date Your 6 (2-8/4	tion, except signatures. Ending	Due 31	E E
01 2314		31 2	13/18/
w preceding election			014
ly proceding election	□30 day after election	Øyear-end report	□dissolution
ible)	Commit	tee Name	
	Name of Comm	nittee Treasurer	
.	Committee M	ailing Address	
No. (optional)		Tel. No. (optional)
ts this period (page 1 plus line 2) litures this period (page 1) litures this period (line 3 minus line 2) contributions this testanding liabilities	ge 2, line 11) od (page 3, line 14) e 4) s period (page 4)	\$	
he authority or on behalf of th	nis committee in accordance with	clief, a true and complete s iabilities for this reporting the requirements of M.G.	tatement of all camperiod and represent L. c. 55.
ATE FILINGS O	NLY: (CANDIDATE MUS	ST SIGN BELOW)	
	nce from previous ts this period (page 1 plus line 2) ditures this period (nce (line 3 minus line contributions this tstanding liabilities (s) used	No. (optional) Committee M No. (optional) MARY BALANCE INFORMATION: nce from previous report ts this period (page 2, line 11) 1 plus line 2) ditures this period (page 3, line 14) nce (line 3 minus line 4) contributions this period (page 4) tstanding liabilities (page 4) tstanding liabilities (page 4) k(s) used sached schedules and it is, to the best of my knowledge and be beipts, expenditures, disbursements, in-kind contributions and it the authority or on behalf of this committee in accordance with Signed under the penalties of perjury: DATE FILINGS ONLY: (CANDIDATE MUSE)	Name of Committee Treasurer Committee Mailing Address Tel. No. (committee Mailing A

Affidavit of Candidate: (check I box only)	
	campaig
Candidate with Committee and no activity independent of the committee I certify that J have examined this report including attached schedules and is, to the best of my knowledge and belief, a true and complete statement of all I certify that J have examined this report including attached schedules and is, to the best of my knowledge and belief, a true and complete statement of all I certify that J have examined this report including attached schedules and is, to the best of my knowledge and belief, a true and complete statement of all I certify that J have not reconstructed.	zeived an
A SALL AS ALL ASSAULT AND MINISTERY OF DEL DOMENT OF THE CONTRIBUTE AND ACCOUNTS WHEN THE CONTRIBUT	
and its control and liabilities not made any experiments on my benan until uns reporting person	
	campaig
Candidate without Committee OR Candidate with independent activity ming 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 legisly 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 legisly 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	resents th

I certify that I have examined uns report nationing austropers activity, expenditures, disbursements, in-kind contributions and liabilities for this reporting period are finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period are 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: