

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



City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Month Date Year Month Reporting Period Beginning January 1 2013 Ending December 1	Duc Year ember 31 2013						
Type of report: (Check one)  8th day preceding preliminary 8th day preceding election 30 day after election	n · Dyear-end report □dissol	ution					
Paul G. Sadeck Comm.to Elect Pau	1 G. Sadeck Selectman						
Full Name of Candidate (if applicable)  Selectman  Committee Name Walter H. Carrier							
Office Sought and District 90 Doctor Braley Rd. Freetown, MA 94 Doctor Braley	mittee Treasurer Rd. Freetown, MA						
508-763-5800	Mailing Address						
Tel. No. (optional)	Tel No. (optional)						
SUMMARY BALANCE INFORMATION Line 1: Ending balance from previous report	SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report \$1,103.00						
Line 2: Total receipts this period (page 2, line 11)	\$ 0						
Line 3: Subtotal (line 1 plus line 2)	\$ 1,103.00						
Line 4: Total expenditures this period (page 3, line 14)	\$ 0						
Line 5: Ending balance (line 3 minus line 4)	\$ 1,103.00						
Line 6: Total in-kind contributions this period (page 4)	<b>S</b> 0						
Line 7: Total (all) outstanding liabilities (page 4)	<b>\$</b> 0						
Line 8: Name of bank(s) used Citizens 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 be finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and campaign furtines activity of all persons acting under the authority or on behalf of this committee in accordance with Signed under the penalties of perjury:  **Treasurer's signature** (in ink)	liabilities for this reporting period and seen	exempaign					
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST	ST 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 I finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the recontributions, 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 I 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 we start the surface of perjury:	pelief, a true and complete statement of all quirements of M.G.L. c. 55. I have not reconcilef, a true and complete statement of all iabilities for this reporting period and reprint the requirements of M.G.L. c. 55.	cived any					
Candidate signature (in ink)	1-18-14 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 them the 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.

This page may be copied 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	
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	otal receipts in excess of \$50 (or listed above)				
	Total receipts \$50 and under* (not listed above)	<u> </u>		_	
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2	

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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1				
	· .			
				·
		·		
		Line	12: Expenditures over \$50	
		Line	13: Expenditures \$50 and under*	
J	Enter on page 1, line 4		14:TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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				-
		Line 15: In-kind over \$50		_
	Į.	Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	

<sup>\*</sup> 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.

## 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
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	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	-