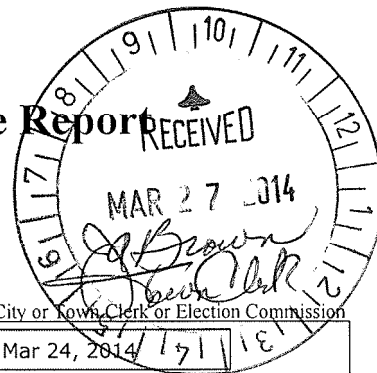




Commonwealth
of Massachusetts

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:

Jan 1, 2014

Ending Date:

Mar 24, 2014

Type of Report: (Check one)

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

Paul G. Sadeck
Candidate Full Name (if applicable)
Selectman
Office Sought and District
90 Doctor Braley Road, East Freetown, MA 02717
Residential Address
Telephone Number (optional): (508) 763-4244

Committee to Elect Paul G. Sadeck Selectman
Committee Name
Walter H. Carrier
Name of Committee Treasurer
94 Doctor Braley Road, East Freetown, MA 02717
Committee Mailing Address
Telephone Number (optional): (508) 763-5800

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,103
Line 2: Total receipts this period (page 3, line 11)	1,890
Line 3: Subtotal (line 1 plus line 2)	2,993
Line 4: Total expenditures this period (page 5, line 14)	1,446.11
Line 5: Ending Balance (line 3 minus line 4)	1,546.89
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:	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 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:

Walter H. Carrier (Treasurer's signature)

Date: Mar 25, 2014

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:

Paul G. Sadeck (Candidate's signature)

Date: 3/25/14

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)
Mar 10, 2014	Allerdt, Henry 5 Saltus Way East Freetown, MA 02717	100	
Feb 24, 2014	Morad, Robert 219 Slab Bridge Road East Freetown, MA 02717	100	
2/28/14	Rezendes, Kenneth R 3 Sammy's Lane Assonet, MA 02702	200	Self Employed/Contractor K.R. Rezendes
Line 9: Total Receipts over \$50 (or listed above)		400	
Line 10: Total Receipts \$50 and under* (not listed above)		1,490	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,890	← 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 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
Mar 4, 2014	Ashley-Walker, Marianne	35 Pierce Avenue Lakeville, MA 02347	Food for fund raiser	304.5
Mar 24, 2014	Sadeck, Paul G.	90 Doctor Braley Road East Freetown, MA 02717	Reimbursement See form CPFR1	981.61
Mar 4, 2014	VFW	68 Middleboro Road East Freetown, MA 02717	Hall Rental for fund raiser	160
Line 12: Total Expenditures over \$50 (or listed above)				1,446.11
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,446.11

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

Page 4

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.

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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0



Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Paul G. Sadeck

Committee Name: CTE Paul G. Sadeck Selectman CPF ID #: _____

Amount of Reimbursement: 981.61

Date of Reimbursement: March 24, 2014

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
2/20/14	Sawicki & Son 1521 W. Lafayette, Detroit MI	Signs/Stickers for election	748	00
3/8/14	U.S.A Cafe 1 Chace Road, East Freetown MA	Breakfast for volunteers/signs	55	00
3/20/14	US Postal Service Crossroads DR, East Freetown MA	Stamps for mailer	98	00
Expenditures in excess of \$50 (listed above)			901	00
Expenditures \$50 and under (not listed above)			80	61
TOTAL AMOUNT REIMBURSED			981	61

Signed under the penalties of perjury:

Walter H. Carter
Signature of Candidate/Treasurer

3-25-14
Date

Please use a separate sheet for each reimbursement check issued.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Enter on page 1, line 4 →