

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK

Date:

(Candidate's signature)

of Massachusetts	File with Och Pown Clerk of Elect 21 Commission
Fill in Reporting Period dates: Beginning Date: 2.2	Ending Date: DUBBURY, 44ASS.
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Coleen Horgan Slocum Candidate Full Name (if applicable) School Committee, Duxbury, MA Office Sought and District 120 Birch St., Duxbury Residential Address E-mail: Chslocum & comcast. net Phone # (optional): 781-706-0806	Committee to elect Coleen Slown Committee Name Patricia Thomas Name of Committee Treasurer 15 Quail Run, Duxbury 02332 Committee Mailing Address E-mail: Pthully @ asl. Com Phone # (optional): 781-934.0569
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report 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 4: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 5)	1,490.00 1,422.46 67.54 None
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Rock land	None 1 Trust, Duxbury
	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. Treasurer's signature) Date: 3 18 1 1 1 1 1 1 1 1
Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the

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.)

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)			
3/7/11	Ann Mullins 23 Surplus Street	\$ 50 -				
3/7/16	Anita Haffey 12 Midway Road	# 200-	Retiree			
3/8/16	Suzunne Corcoran 670 Washington St.	\$50-				
3/10/16	Jefferey Becherman 43 Perry Drive	# 25-				
3/10/16	Donald Corey, Jr. 45 Deer Run	#60-				
3/10/16	arthur Keefe 69 Tussoch Brook Rod	\$ 25-				
3/10/16	Amy Bertino 10 Union Hall Rd.	4 50 —				
3/10/16	Diane Cheverie 5 Deer Ru	b 25 –				
3/11/16	Juliet Garrett 91 Surplus St.	#60-				
3/11/16	Linda Donovan 31 Crescent St.	# 50 —				
3/11/16	Katherine Neville 1675 Redwood Grove Lake Mary, FL 32746	#100-				
3/11/16	Eric Cressman 63 Perry Drive	# 50 —				
Line 9: Total Recei	pts over \$50 (or listed above)	125+				
Line 10: Total Rece	ipts \$50 and under* (not listed above)					
	RECEIPTS IN THE PERIOD		← 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 A: RECEIPTS (continued)

	Name and Dadd4-1 Add-	,	O
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
313/16	David Maimaron 33 Surrey Lane	# 50 —	
3/13/14	Susan Clark 62 Lantern Lane	#50-	
3 13 16	Barry Horgan 92 Kingstown Way	# 50 -	
3/14/16	Katherine Prouty 255 North Street	\$ 50-	
3/14/16	Robin Fassnacht 51 Tanglewood Trail	# 25-	
3 15 16	Linda Quinlan 28 Cedar Street	# 75-	
3/15/16	Jessica Tyler P.O. Box 62	# 25 -	
3 15 16	Gregory Morris 187 Keene Street	\$ 200-	Dyster Farmer, Rock Dysters
3/15/16	Nancy Moffatt 62 Flint Locke Prine	\$ 25-	
3/16/14	Holly Fahy 14 Forge Way	# 25 -	
3/16/16	Kimberly Szafran 1270 Franklin Street	\$ 25 -	
3/18/16	Julie Fitzgerald 111 Cross Street	# 25. T	
37/16-3/18/16	Cash American Legion Fundraiser	#140	
Line 9: Total Recei	pts over \$50 (or listed above)	##,5# <u>0</u> *	\$1,490.°°
Line 10: Total Rece	ipts \$50 and under* (not listed above)	Ø	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	454	# 1,490.09 ← Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under include them in line	. O T : 10 -11]

^{*} 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.)

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		Line 12: Total Expenditures over	er \$50 (or listed above)		
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

^{*} 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 B: EXPENDITURES (continued)

SCHEDULE B. EXI ENDITURES (continued)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
2/29/16	USPO 56 Depot Street	56 Depot St.	Mailing	78.40	
3/1/16	Business Center	Webster Square	Marketing Material	1,344.06	
Line 12: Expenditures over \$50 (or listed above) 1,422.5					
	Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 1, 422.44 * If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized.					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				-
		·		
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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.

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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: TOTAL OUTSTAND	ING LIABILITIES (ALL)		

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