

Form CPF M 102: Campaign Finance Report Municipal Form

	Office of Campaign and Political Finance
Commonwealth of Massachusetts	
File with:	
•	e print or type all information, except signatures.
Fill in dates: Reporting Period Beginning 3	Date Year Date Year Date Year Date Year On The State On T
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day	lay preceding election \(\sum_{30} \) day after election \(\superscript{year-end report'} \) \(\sum_{dissolution} \)
Friend 5 Weiler Full Name of Candidate (if applic Moderator	S R cable) Committee Name
Office Sought and District 7 TROUT FORM ROA	Name of Committee Treasurer
Residential Address	Committee Mailing Address
781-585-3326 Tel	l. No. (optional)
Line 2: Total receip Line 3: Subtotal (line Line 4: Total expend Line 5: Ending bala Line 6: Total in-kind Line 7: Total (all) ou	ditures this period (page 3, line 14) \$ 707.94
and represents the campaign finance activity of all p	attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all s, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period persons acting under the authority or on behalf of this committee in accordance with the requirements of the under the penalties of perjury:
	Date
	ATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
have not received any contributions, incurred any liable Candidate without Committee OR Candidate w I certify that I have examined this report including a campaign finance activity, including contributions, I and represents the Campaign finance activity of all p	attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all der the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I bilities nor made any expenditures on my behalf during this reporting period.

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.

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			unt	Occupation & Employer (for contributions of \$200 or more)	
3/22/10	Friend S. Weiler, SR 17 Rov+ Farm Roam A 01332 For end S. Weiler, SR	* 375	_	Boylee	
3/25/10	Ferend S. Weiler, SR 7 Trout Farm Rd, Durbury, MA 02332 Friend S. Weiler, Se-	164	94	Harborone Credit Union Banker Harborone Credit Union Banker Harborone Credit Union	
3/29/n	TRUNT FARM Rd. Dubury MA 02375	168	-	Harbox One Credit Union	
-		•			
	,				
Line 9:	Total receipts in excess of \$50 (or listed above)	707	94		
Line 10:	Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD			94	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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
3/22/10	Duxbury Clipper Duxbury Ctipper	Deprt of Duxyury, MA00332	Ad	375	_
3/09/10	Duxbuy Ctopper	Duxburg, MA 02332 133 Main Street	Ad	168	_
3/25/10	Soughine Lynn	Kingson MAO. 364	Beer, wire & spirets	164	94
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			·		
		Line 12:	Expenditures over \$50	707	94
			Expenditures \$50 and under*		
E	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	707	94

^{*}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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NA			
			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6	· · · · · · · · · · · · · · · · · · ·	Total In-kind	

^{*} 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
•	P/19:			
			•	
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	·			
,				
	Enter on page 1, line 7	Line 18: OUTSTANDING L	IABILITIES (ALL)	

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

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