

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

TAWN OLDON

Commonwealth	LOAM CEEK
f Massachusetts ile with:	11 MAR 24 AM 8: 23
City or Town Clerk or Election Commission Please print or ty	pe all information, except signatures XBURY, MASS
Fill in dates: Month Date Reporting Period Beginning	Year Month Date Year Ending 3 18 2611
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding	ng election □30 day after election □year-end report □dissolution
FRIEND S. Weiler, SR Full Name of Candidate (if applicable)	Committee Name
Office Sought and District TROUT FURM ROAD	Name of Committee Treasurer
Residential Address  DUXDURY MA 03332	Committee Mailing Address
78/-585-7326 Tel. No. (option	Tel. No. (optional)
Line 1: Ending balance from Line 2: Total receipts this p Line 3: Subtotal (line 1 plus line Line 4: Total expenditures t Line 5: Ending balance (line 3  Line 6: Total in-kind contribut Line 7: Total (all) outstanding Line 8: Name of bank(s) used  Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedu campaign finance activity, including all contributions, loans, receipt and represents the campaign finance activity of all persons acting to	S   278,40
EOD CAMDIDATE EXTIN	ICC ONLY.
	GS ONLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authorith have not received any contributions, incurred any liabilities nor mad. Candidate without Committee OR Candidate with independent I certify that I have examined this report including attached scheducampaign finance activity, including contributions, loans, receipts, and represents the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the authority of all persons acting under the campaign finance activity of all persons acting under the authority have not received any contributions.	ules and it is, to the best of my knowledge and belief, a true and complete statement of all ty or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I le 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	eived (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)
3/15/11	7. Trout FREM Rd., Dixbury, MA 6237	2 279	40	Banker Harbordne C. U.
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		•		
			:	
	,		•	
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)				
von have itemized receipts of \$50 and under include them in line 0			I	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.