

Municipa Office of Campaign as Commonwealth of Massachusetts	3 De Hale et Directe
Pile with: City or Town Clerk or Election Commission Please print or type all information Please print or type all informa	nation, except signatures.
Fill in dates: Reporting Period Beginning 2 22 201	Date Year Date
Type of report: (Check one) ☐ 8th day preceding preliminary ☑ 8th day preceding election	□30 day after election □year-end report □dissolution
Rull Name of Candidate (if applicable) School Committee Office Sought and District	Committee Name Dang Narlee Name of Committee Treasurer Co. Box 2735, Duxbury, MA 02331 Committee Mailing Address G17-721-5582 Tel. No. (optional)
SUMMARY BALANC Line 1: Ending balance from previous Line 2: Total receipts this period (p. Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus line Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liabilite Line 8: Name of bank(s) used	ous report \$ -0 -

campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represent 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:

Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST 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 belief, a true and complete statement of	f 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.I. c. 55	5. 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	fall

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:

Candidate signature (in ink

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.

umber on each page. Date Name and Residential Address		Amount		Occupation & Employer		
Received				(for contributions of \$200 or more)		
,	Chris + Kelley Barbon					
2/24/10	Hidden Acros Drive Dexbury only	100	-			
	Gary + Sarah Magnuson			Banker; Citzens Bank		
2/27/10	10 Hidden Heres Drive, Duxlary, mix	Zou				
				•		
2/22/10	to Rayberry Lane, Duxbury, MA	100	-			
	Mary Lisa & Theres Vichols					
3/3/10		フェ	_			
-1-1	Richard & Lauren Auft					
2/25/10	1 Wellington Lane, Durby MA Paul Sais + Rhoda AS	100				
	Paul Sais + Rhoda AS					
3/2/10	199 South Street, Duxburg, MA	100		·		
•	John + Jeanne Wolff					
2/28/10	John + Jeanne Wolff 10 For Buy, Dexbury, MA	(50				
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				·		
Tina O.	Total receipts in every of \$50 (or listed shows)		-			
Line 9:	Total receipts in excess of \$50 (or listed above)	775	-			
Line 10:	Total receipts \$50 and under* (not listed above)	205				
		·		Enter on page 1 line 2		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	980		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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
3/3/10	Dixtory Clipper	P.O. Bax 1656 Duxsery (MA	Advertisement	235	20
3/10/10			t =-		
3/10/10		· ,			
	·				
		·			
·					
1		Line 12:	Expenditures over \$50	705	60
			Expenditures \$50 and under*	 	-
1	Enter on page 1, line 4		TOTAL EXPENDITURES		60

^{*}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
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	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
	·		
	·		
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (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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