

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

TOWN CLERK

ommonwealth Massachusetts	
ile with: ity or Town Clerk or Election Comm	15 APR 30 MH 10: 38  Sission Please print or type all information, except signatures.  DUXBURY, MASS.
Fill in dates: Reporting Period Beginning	Month / Date / 2015 Ending A / 28 / 2015
Type of report: (Check on 8th day preceding preliming	
Full Name of Can	didate (if applicable)  Committee Name
30 MOO! C	ht and District Name of Committee Treasurer
DUXMJ Resident	Committee Mailing Address
( / ,	Tel. No. (optional)
Line 2: To Line 3: St Line 4: To Line 5: Et Line 6: To Line 7: To	SUMMARY BALANCE INFORMATION:  Inding balance from previous report  Inditional (line 1 plus line 2)  Inditional (line 1 plus line 2)  Inding balance (line 3 minus line 4)  Ital in-kind contributions this period (page 4)  Ital (all) outstanding liabilities (page 4)  Ital (all) outstanding liabilities (page 4)  Ital (all) when the seriod (page 4
campaign finance activity includit	r: report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all negall contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period ce activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of Signed under the penalties of perjury:
Treasurer's signature (in ink)	Date
<u>F</u>	OR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
I certify that I have examined this campaign finance activity, of all have not received any contribution   Candidate without Committe I certify that I have examined this campaign finance activity includes	box only) and no activity independent of the committee seport including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement 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 ss, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  e OR Candidate with independent activity filing separate report report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all ing contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period not activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of Signed under the penalties of perjury:  Date

#### 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

Date	Name	and Residential Address	Amount		Occupation & Employer (for contributions of \$200 or more)		
Received		betical listing required)					
3/12/15	PETER 28	SURSET DURSON	357		Self		
1/12/15			33	22	( P		
1)13/15		ff	61	49	"(		
1/17/15			264	04	( • '		
1127/15	٠.	11	450	00			
212811	5	11	11.33	25			
1/15/15		. / (	84	87	- , ,		
-							
•				:			
				·			
٠.							
Line 9:	Total receipts i	n excess of \$50 (or listed above)	2383	8			
Line 10:	Total receipts S	50 and under* (not listed above)	-				
		EIPTS IN THE PERIOD	2383		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.

Page 2

# 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

umber on each  Date Paid	To Wh (alphabet	om Paid ical listing)	Address	Purpose of Expenditure	Amou	ınt
3/12/15	CLIPPE	2 Press	Dox 1656 02332	Newspaper	357	o
1/12/15	FACE	Book	never park, ca	Agrenosino	33 2	.2
1/13/15		r		·r	61 6	49
111715	• •	(	((	15	269	04
12315		er mosey	140 Intukuns 02332	web	450	60
2/28/15	Warn 6Mg	en Impat thics	1 6 (4 ) 20 1 ( 1) (1) 4	CAMPAGN 06 LITEMANNE.	1(3)	25
1/5/15	week	CY \$	Son Jox, Ct 9512	Done Hot	84	87
-						
		•				
				·		
•	·					
			71. 10	Expenditures over \$50	2,383	5
,	• •			Expenditures \$50 and under	10077	1
•	Enter on page	1, line 4		4: TOTAL EXPENDITURES		8

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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.

		n Received*  Residential Address		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	7: Total In-kind	D

<sup>\*</sup> 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 W	nom Due	Address	ļ	Purpose		Amount
neurreu							
		·			·		
		·	·				
,	•	·					
E	nter on pag	e 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)			L)	$\mathcal{O}_{-}$

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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