

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

TOWN CLERK

File with: City or Town Clerk or Election Commission Please print or type all inform	ation, except signatures. 2016 MAR 28 PM 6:
	——————————————————————————————————————
Fill in dates:  Reporting Period Beginning  Month Date Year  L L	Ending 3 28 16
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	☑30 day after election ☐year-end report ☑dissolution
Slawn Dahlen	
Full Name of Candidate (if applicable) Selectman	Committee Name
Office Sought and District 60 Long Point Ln.	Name of Committee Treasurer
Residential Address  DUX DUY_MA. 02332	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from previous Line 2: Total receipts this period (partine 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used  Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to campaign finance activity, including all contributions, loans, receipts, expenditures and the contributions of the contribut	the best of my knowledge and belief, a true and complete statement of all disbursements, in-kind contributions and liabilities for this reporting period
and represents the campaign finance activity of all persons acting under the author M.G.L. c. 55.  Signed under the penalties of per	
Treasurer's signature (in ink)	Date .
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 campaign finance activity, of all persons acting under the authority or on behalf have not received any contributions, incurred any liabilities nor made any expendite Candidate without Committee OR Candidate with independent activity filir I certify that I have examined this report including attached schedules and it is, to campaign finance activity, including contributions, loans, receipts, expenditures, and represents the campaign finance activity of all persons acting under the author M.G.L. c. 55.  Signed under the penalties of processing the candidate signature (in ink)	of this committee in accordance with the requirements of M.G.L. c. 55. It is on my behalf during this reporting period.  It is separate report the best of my knowledge and belief, a true and complete statement of all is sbursements, in-kind contributions and liabilities for this reporting period ity or on behalf of this committee in accordance with the requirements of

#### 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				t Occupation & Employer (for contributions of \$200 or more)			
3-21-16	Shaw Dohlen 60 Long tout Ln	265	-   -	Res. Shaw Dahlen & C. Tu			
3-28-16	Shows Dahlen 60 Loy Porther	198	75	u u u u u			
•							
			-				
•							
			:				
			·				
·	,						
Line 9: T	Total receipts in excess of \$50 (or listed above)	463	75				
·	otal receipts \$50 and under* (not listed above)	463					
Line 11: TOTAL RECEIPTS IN THE PERIOD			75	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.

# 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.

umber on eac Date Paid		Address	Purpose of Expenditure	Amo	unt
3-21-16			adortizing	265	_
3-28-4	Duslary Chipper		ador tizy	198	75
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		·			-
				•	
				•	
					,
			·		
·			, .		
		Line 12: I	Expenditures over \$50	463	75
		<del> </del>	Expenditures \$50 and under*		
Е	Inter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	463	75

<sup>\*</sup>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
				•
				ł. ·
·	· ·			<u>.</u>
			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6	• • • • • • • • • • • • • • • • • • • •	Total In-kind	0

<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 Whom Due	Address	Purpose	Amount
•				
	÷			
			,	
•				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

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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