

### Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

12 MAY 29 PM 2: 19

File with:

ty or Town Clerk or Election Commission Please print or type	all information	n, except sign	natures.		
Fill in dates:  Reporting Period Beginning April 22	Year 2012	Ending _	Month	Date 31	Year 2012
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding e	lection 🖾	0 day after ele	ection [	Jyear-end rep	ort
Full Name of Candidate (if applicable)  BOARD OF SOLCTMEN  Office Sought and District  18 OLCHARD HILL RD  Residential Address  HARNARD MA OMM  Tel. No. (optional)		Name POBOX Comi	Committee WICK of Commit	e Name  AAA  tee Treasurer  ling Address  A OMYS	No. (optional)
SUMMARY BA Line 1: Ending balance from Line 2: Total receipts this per Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures th Line 5: Ending balance (line 3 m  Line 6: Total in-kind contributi Line 7: Total (all) outstanding 1 Line 8: Name of bank(s) used_	previous riod (page 2 is period ninus line 4) ions this p	report 2, line 11) (page 3, line period (page 4)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1227.39 917.45 2144.8 2144.8 -0- 184.00 -0-	<del>y</del> <u>y</u>
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached scheduler campaign finance activity, including all contributions, loans, receipts, and represents the campaign finance activity of all persons acting und M.G.L. c. 55.  Signed under the pen Treasurer's signature (in ink)	expenditures, di der the authority nalties of perjui	sbursements, in-ly or on behalf of y:	kind contribu	ations and liabilititee in accordan	ties for this remorting and d
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the cartify that I have examined this report including attached schedule campaign finance activity, of all persons acting under the authority have not received any contributions, incurred any liabilities nor made and Candidate without Committee OR Candidate with independent	committee es and it is, to the or on behalf of any expenditure	e best of my kno this committee	owledge and	belief, a true and	d complete statement of all rements of M.G.L. c. 55. I

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 all 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

Signed under the penalties of perjury:

Candidate signature (in ink)

M.G.L. c. 55.

#### 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 Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
1/26	Rudy and Kara Minar Strillivir, MA	250	00	
	@ 125.00			
			v	
Line 9:	Total receipts in excess of \$50 (or listed above)	250	00	
Line 10:	Total receipts \$50 and under* (not listed above)	667	45	
	TOTAL RECEIPTS IN THE PERIOD	917	45	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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
4/23	USPS	Harv. MA	Stamps	54	00
4130	Benchmark Graphio	175 E Bauthin Rd	printing coul	179	52
4/30	Benchmark Graphics	17 E Bare His RA	ponti, mailing	530	00
5/21	Lucy Wallace	18 Orchard Hill, Har.	buttons	257	92
4123	Harvard Press	Shil River Rd, Harv.	newspaper ad	697	50
4/24	USPS	Harr, MA	mailer	331	86
4/24	USPS	tlan, Ma	stamps	80	06
		Line 12:	Expenditures over \$50	2144	84
		Line 13:	Expenditures \$50 and under*		
E	Enter on page 1, line 4	Line 14:'	TOTAL EXPENDITURES	2144	84

<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. Page 3

#### 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
4/23	Mane Fobalvarro	St. John Ln. Haw. Ma	Stamps	64.00
4/26	Virginia Justica	Woodside Rd Harv, MA	food for collee	120.00
	•	Line 15:	In-kind over \$50	184.00
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	184.00

<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
E	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.

Page 4



## Form CPF M 102: Campaign Finance Report Municipal Form

Municipal Form
RECEIVED
Office of Campaign and Political Finance HARVARD TOWN CLERK

of Massachusetts	12 MAY 3   AM 10: 39 File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date:	Ending Date: 5/31/12					
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution					
RHONDA SPRAGUE	SELECT RHONDA SPRAGUE					
Candidate Full Name (if applicable)	Committee Name					
SELECTMAN	DOUGLAS LEE					
Office Sought and District	Name of Committee Treasurer					
160 PROSPECT HILL PO HARVARD  Residential Address	160 PROSPECT HILL RO HARVARD					
Telephone Number (optional):	Committee Mailing Address  Telephone Number (optional):					
	retepnone Number (optional):					
SUMMARY BALANCI	E INFORMATION:					
Line 1: Ending Balance from previous report	151.42					
Line 2: Total receipts this period (page 3, line 11)	1,100,00					
Line 3: Subtotal (line 1 plus line 2)	1,251.42					
Line 4: Total expenditures this period (page 5, line						
Line 5: Ending Balance (line 3 minus line 4)	549, 22					
Line 6: Total in-kind contributions this period (pag						
Line 7: Total (all) outstanding liabilities (page 7)	4,838,42					
Line 8: Name of bank(s) used: Roustone						
Affidavit of Committee Treasurer:						
I certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a						
Signed under the penalties of perjury: Louglas Lee	(Treasurer's signature) Date: 5/31/12					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)					
Candidate with Committee and no activity independent of the committee    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 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.L. c. 55. 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 sep  I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	pest of my knowledge and belief, a true and complete statement of all campaign					
Signed under the penalties of perjury:	(Candidate's signature) Date: 5/21/12					

#### 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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

port an receipts. 1	lease include your committee name and a pa	ge number on ear	
	Name and Residential Address		Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
4/9/12	COTE, GEORGE 9 CRAGGS RD HARNARD, MA 01451	100,00	
5/1/12	DOWD, LISA 323 W. MAIN ST AYER, MA 01432	250,00	OLCUPATION - VP E/GEN MGE EMPLOYER - GRADY RESEARCH
5/1/12	GRADY, JOHN 43 SLOUGH RD HARVARD, MA 01451	500,00	COCUPATION. ENGINEEL EMPLOYER- GRADY RESEARCH
Mp5/12	SKAUEN-HINCHLIFFE, DEBRA 22) STILL RIVER RD STILL RIVER, MA 01467	100.00	
4/30/12	THERRAULT, JOSEPH 23 TAMANTO TRAIL HARVARD, MA 01451	100.00	
Line 9: Total Rec	eipts over \$50 (or listed above)	1,050,0	ro
Line 10: Total Re	ceipts \$50 and under* (not listed above)	50,00	
	RECEIPTS IN THE PERIOD	1,100,00	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ne 9: Total Receip	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD		Enter on page 1 line 2
		Q Line 10 should	Enter on page 1, line 2 include only those receipts not itemized above.

Page 3

#### 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

eport all expenditures. Please include your committee name and a page number on each page.)						
	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
4/23/12	HARVARD PRESS	P.O. BOX 284 HARVARD, MA	FULL PAGE AD	697,50		
		Line 12: Total Expenditures of	ver \$50 (or listed above)	697,50		
			50 and under* (not listed above)	4.70		
	Enter on page 1, line $4 \rightarrow$		FURES IN THE PERIOD	702,20		

<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.

Page 4

## SCHEDULE B: EXPENDITURES (continued)

To Whom Paid						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
			V.			
		Line 12: Expenditures over \$50	(or listed above)			
		Line 13: Expenditures \$50 and	under* (not listed above)			
	Enter on page 1 11 - 4					
If you have itami	zed expenditures of \$50 and a	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD  hould include only those expenditure	20000		

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	.0.00
		Line 16: In-Kind Contribution	s \$50 & under (not listed above	0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	0.00

<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.

Page 6

## 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
4/4/12	WHIT SPRAGUE	HARVARD, MA 0145		99,29
4/9/12	"	. 1	WEB SITE SIGNS	52.13
4/19/12	/(	71	CORRUGATED SIGNS	1,214,97
4/19/12	/(	"	CAMPAIGN BUTTONS	112.00
4/20/12	//	//	INTENET ACCESS PIZZA FOR STANDOUTS	107.41
5/10/12	"	′′	MAGNETIC SIGNS	459,55
5/10/12	"	1	MISC ITEMS & SODA THANK YOU MEETING	24.30
5/10/12	//	1	FOOD FOR THANK YOU MEETING	308.12
5/10/12	′(	//	DONUTS & COFFEE STANDOUTS	29,91
5/10/12	//	"	MISC ITEMS FOR MEETING	38.37
5/30/12	ISS	2 SHAKER PA SHIRLEY, MA 01464	3 PRINTING AND MAILINGS	2,392,37
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	4,838,42

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## Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

File	with	

ommonwealth f Massachusetts	O. DM 2: 26
ile with: City or Town Clerk or Election Commission Please print or type all in	12 HAY 31 PM 2: 26 nformation, except signatures.
	Year Month Date Year 2012 Ending May 31 2012
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	ion ⊠30 day after election □year-end report □dissolution
Full Name of Canthy  Full Name of Candidate (if applicable)  Board of Health  Office Sought and District	Comm. to Elect Sharon McCarthy  Committee Name  Willie Willman  Name of Committee Treasurer
90 E. Base Hill Rd  Residential Address	POBOX 177.  Committee Mailing Address
Harvaal MA 01457  Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pro Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minu Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	S   1   1   1   1   1   1   1   1   1
and represents the campaign finance activity of all persons acting under the M.G.I. c. 55.  Signed under the penalties  Treasurer's signature (in ink)	5/29/12 Date
FOR CANDIDATE FILINGS OF	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any example.  Candidate without Committee OR Candidate with independent activity activity that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expendent	I it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period.  I it is, to the best of my knowledge and belief, a true and complete statement of all ditures, disbursements, in-kind contributions and liabilities for this reporting period and the authority 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

Date Received	Name and Residential Address (alphabetical listing required)	Amo		Occupation & Employer (for contributions of \$200 or more)
5/21	Sharm McCarthy Jim Ware	241	63	
		- :		
Line 9:	Total receipts in excess of \$50 (or listed above)	241	63	
Line 10:	Total receipts \$50 and under* (not listed above)	536	24	
	TOTAL RECEIPTS IN THE PERIOD	777	87	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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
4/23	Clinton Offset printe	High Strub Clinton,	mailer printer	403	75
4123	Harvard Press	STILRIVE Rd, Har.	ad	189	00
4/24	USPS	Harv, MA	mailing	291	67
					500
				*/	
,					
		Line 12: I	Expenditures over \$50	884	42
			Expenditures \$50 and under*		
	Inter on page 1, line 4		TOTAL EXPENDITURES	884	42

<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.

Page 3

#### 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	

<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
E	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.

Page 4



# Form CPF M 102: Campaign Finance Report Municipal Form RECEIVE

Office of Campaign and Political Finance

RECEIVED HARVARD TOWN CLERK

12 DEC | | PM 10: 27

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission
77	14/12 Ending Date: 5/31/12
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
RHUNDA SPRAGUE	SELET RHONDA SPRAGUE
Candidate Full Name (if applicable)	SELECT RIHONDA SPRAGUE  Committee Name
SELECTMAN	
Office Sought and District	Name of Committee Treasurer
160 PROSPECT HILL RD HARVARD	1100
Residential Address	160 PROSPECT HILL RD HARVARD
Telephone Number (optional):	Committee Mailing Address
	Telephone Number (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	án.
	700.00
Line 2: Total receipts this period (page 3, line 11)	6,100.00
Line 3: Subtotal (line 1 plus line 2)	1,800.00
Line 4: Total expenditures this period (page 5, line	14)
	702,20
Line 5: Ending Balance (line 3 minus line 4)	4097.80
Line 6: Total in-kind contributions this period (page	0,00
Line 7: Total (all) outstanding liabilities (page 7)	
Line 9. M. Cl. 14.	4,838,42
	E BANK
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind corfinance activity of all persons acting under the authority of on behalf of this committee in activity of the penalties of perjury:	Type Mowledge and belief, a true and complete statement of all campaign finance attributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5/3/1/12
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	(Treasurer's Signature) Date, 3/3/1/2
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 be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting pe	est of my knowledge and belief, a true and complete statement of all campaign finance dance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sepan I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, discursements, in campaign finance activity of all persons acting under the authority or on behalf of this considered under the penalties of perjury:	st of my knowledge and belief, a true and complete statement of all compaign

#### 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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

port all receipts. P	lease include your committee name and a pa	ge number on eac	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/9/12	COTE, GEORGE 9 CRAGGS PT HARVARD, MA 01451	100,00	
5/1/12	DOWD, LISA 323 W. MAIN ST AYER, MA 01432	250.00	COCCUPATION, VP CLEEN MGB EMPLOYER- GRADY RESERRCH
5/1/12	GRADY, JOHN 43 SLOVEH RD HARVARD, MA 01451	500,00	COCUPATION - ENGINEEL EMPLOYER-GRADY RESERREH
4/25/12	SKAVEN-HINCHLIFFR, DEBRA 221 STILL RIVER PA STILL RIVER, MA 01467	100.00	
4/30/12	THERIAULT, JOE 23 TAHONTO TRAIL HARVARD, MA 01451	100.00	
Line 9: Total Rec	ceipts over \$50 (or listed above)	1,050.00	2
Line 10: Total Re	ceipts \$50 and under* (not listed above)	50.00	
Contraction to the second of the contraction of the	RECEIPTS IN THE PERIOD	1,100.00	← Enter on page 1, line 2 buld include only those receipts not itemized above.

<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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			30 7/4 (402)
			22 (\$4 88" As 11 12), a
			100
	<u> </u>		
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		. =
	receipts of \$50 and under, include them in lin		← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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	Amount
	HARVARD PRESS	P.O. BOX 234 HARVARD, MA	FULL PAGE AD	697,50
		Line 12: Total Expenditures	over \$50 (or listed above)	697,50
		Line 13: Total Expenditures	\$50 and under* (not listed above)	4,-70
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	702,2

<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.

Page 4

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Francisco	
	(aiphabeteal listing)	Address	Purpose of Expenditure	Amount
		m] [		<u> </u>
	*			
	La constitution of the second			
	4			
		Line 12: Expenditures over \$	550 (or listed above)	0,00
		Line 13: Expenditures \$50 an	d under* (not listed above)	
				0.00
	Enter on page 1, line 4	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	0.00

<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.

#### 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		1		
The second secon				
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<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.

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## 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
4/4/12	WHIT SPRAGUE	160 PROSPECT AILL P. HARVARD, MA 0145	Food	99,29
4/9/12	//	. 1	WEB SITE SIGNS	52.13
4/19/12	//	//	CORRUGATED SIGNS	1,214,97
4/19/12	/\	11	CAMPAION BUTTONS	112,00
4/20/12	//	//	INTENET ACCESS PIZZA FUR STANDOUTS	107.41
5/10/12	"	//	MAGNETIC SIGNS	459,55
5-/10/12	11	1	MISC ITEMS E SO OR THANK YOU MEETING	24.30
5/10/12	//	1	FOOD FOR THANK YOU MEETING	308.12
5/10/12	′(	//	DONUTS of COFFEE STANDOUTS	29,91
5/10/12	//	"	MISC ITEMS FOR MEETING	38.37
5/30/12	ISS.	2 SHAKER RA SHIRLEY, MA 01464	3 PRINTING AND MAILINGS	2,392,37
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				4,838,42