

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

HARVARD TOWN CLERK

Fill in Reporting Period dates: Beginning Date: 3/2	Ending Date: $\frac{4/3}{2}$
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election] 30 day after election
RHONDA SPRAGUE Candidate Full Name (if applicable)	SELET RHONDA SPRAGUE Committee Name
Office Sought and District	Douglas Lez Name of Committee Treasurer
160 PROSPECT HILL RO HARVARD Residential Address	P.O. Box 304, HARVARD, MA 01451 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	0,00
Line 2: Total receipts this period (page 3, line 11)	700.00
Line 3: Subtotal (line 1 plus line 2)	700,00
Line 4: Total expenditures this period (page 5, line 1	0,00
Line 5: Ending Balance (line 3 minus line 4)	700.00
Line 6: Total in-kind contributions this period (page	0,00
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	151,42
	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 confinance activity of all persons acting under the authority of on behalf of this committee in acc Signed under the penalties of perjury:	tributions and liabilities for this reporting period and represents the campaign cordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 4/22/12
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 accordincurred any liabilities nor made any expenditures on my behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting the	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, priod.
I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this considered under the penalties of perjury:	est of my knowledge and belief, a true and complete statement of all campaign

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.)

eport an receipts. 1	Please include your committee name and a pa		Occupation & Employer
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
4/2/12	CHEVERALLS, KEITH 21 QUARRY LANE HARVARD, MA 01451	250.00	OCCUPATION - PETIRED EMPLOYER - N/A
4/9/12	LEE, DOUGLAS 170 PROSPECT HILL RD HARVALD, MA 01451	150,00	
3/22/12	NORTHERN, NEZSON 64 WOODS IDE RO HARVARD, MA 01451	150,00	
4/1/12	SPERO, JOHN 22 DEERFOOT TRAIL HARVART, MA CHSI	100.00	
Line 9: Total Rec	ceipts over \$50 (or listed above)	650,00	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	53.00	
Line 11: TOTAI	RECEIPTS IN THE PERIOD	700,00	← Enter on page 1, line 2 uld include only those receipts not itemized above.

^{*} 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)

	Name and Residential Address	· · · · · · · · · · · · · · · · · · ·	
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
J		L	
		<u> </u>	
		Constitution of the Consti	
i 0. T 1 D.	050 () 111		
ine 9: Total Rece	pts over \$50 (or listed above)	<u> </u>	
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
			1
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
f you have itemized	receipts of \$50 and under include them in lin	e 9 Line 10 show	ald include only those receipts not itemized above

^{*} 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.)

	To Whom Paid	Address Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address Turpose of Expenditure	IMIOUIL
			0,00
			0,00
	Through states and a state of the state of t		
		Line 12: Total Expenditures over \$50 (or listed above)	0.00
		Line 13: Total Expenditures \$50 and under* (not listed above)	0,00
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD	0.00

^{*} 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 B: EXPENDITURES (continued)

y 1

SCHEDULE B: EXPENDITURES (continued)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Control of the contro			
			L.	
		L. 10 F. II		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
		r include them in line 12. Line 13 s		L

^{*} 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
				0.00
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	0:00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0.00
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0.00

^{*} 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	SPRAGUE, WHIT	160 PROSPECT HILL BO HARVARD, MA 01451	FOOD CREANDATION MTG	99.29
4/9/12	SPRAGUE, WHIT	160 PRUSPET HIL RO HARVARD, MA 01451	WEB SITE SIGNS	52.13
				,



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

12 APR 23 PM 1-07

4/23/12 Date

Candidate signature (in ink)

ile with: City or Town Clerk or Election Commission Please print or type all information, except signature	s.
Fill in dates: Reporting Period Beginning Mach 13 2012 Ending April	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election	n □year-end report □dissolution
Full Name of Candidate (if applicable) BOARD OF SELECTMEN Office Sought and District Name of Co BORCHARD HILL RD FO-BOX 132	Mailing Address
Tel. Ivo. (optional)	Tel. No. (optional)
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Enterprise Bank (and the second	\$ -0- \$ 2033.00 \$ 2033.50 \$ 805.61 \$ 1227.39 \$ 329.00 \$ 981.48
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or and represents the campaign finance activity of all persons acting under the authority or on behalf of this of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink)	ontributions and liabilities for this reporting period
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SE	IGN 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 knowledg campaign finance activity, of all persons acting under the authority or on behalf of this committee in accelerate have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during the 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 knowledg campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contained and represents the campaign finance activity of all persons acting under the authority or on behalf of this contained activity. M.G.L. c. 55. Signed under the penalties of perjury:	bright price of M.G.L. c. 55. I his reporting period. The search belief, a true and complete statement of all particulars and liabilities for 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

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
4)2	LAROY ENALTHAN 12 TOHANDO	150	w	
3/28	CURT MARBLE 84 CITTERN SHUTTERN ETHERN KATHY MARBLE ETHERN ETHERN WALLE STURD WALLER 395 COTTED	100	60	
3/28	KATHY MARRIE ETURD	100	00	
4/4	AU SILLAR 395 COTTRO	150	w	
Line 9:	Total receipts in excess of \$50 (or listed above)	500	40	
Line 10:	Total receipts \$50 and under* (not listed above)	1533	a	
	TOTAL RECEIPTS IN THE PERIOD	2033	500	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 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
4/2	TM CLARK	114 Botten Rd, Hamara	PERMIT FOR MAILING	#75
4/16	LESLIE BUNNELL	E. Bare Hill RJ, Haward	MAILER DESIGN	97-75
4/14	Mane Sobiliano	1St. Johns Lan, Harvard	Magnets	8179
		Line 15:	In-kind over \$50	329
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	329

^{*} 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
415	Banchmark Graphics	125 E. Bare Hill Rd	printing could	179.54 10000
4/19	Benchmark Graphics	175E, Bare Hirkd, Haw:	printing mailing	550.00
4/10			buttens	257.92
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	981.48

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

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 eac Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	int
4/12	LESCIÉ BUNNAL	E. BARE MU RZ HARV	DESIGN WEB MANER	425	W
415	CLINTON OFFETTER	HGH & CUNTON MA	816NS	223	13
4)16	LESLIE BUNNEL	E base thu RD, Hard	DESIGN MAILING	100	50
4/2	GO DADDY	anline	REGISTRATION OF WEBSITE	57	48
		Line 12	: Expenditures over \$50	805	61
			: Expenditures \$50 and under*		
	Enter on page 1, line 4		4:TOTAL EXPENDITURES		6

^{*}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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Report

RECEIVED RYARD TOWN CLERK

For	orm CPF M 102: Campaign Finance Report		
	Municipal Form Office of Campaign and Political Finance HARVARD TOWN CLERI		
Commonwealth of Massachusetts File with:	12 APR 23 PM 1: 37		
City or Town Clerk or Election Commission	Please print or type all information, except signatures.		

ty or Town Clerk or Election Commission Please print or type all inf	ormation, except sign	natures.		
Fill in dates: Reporting Period Beginning MARCH 13 20		Month APRIL	Date 2 1	Year 2012
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n □30 day after el	ection Dy	ear-end report	t dissolution
SHARON M. McCARTHY Full Name of Candidate (if applicable) BORD OF HEALTH Office Sought and District OFFICE Sought And District Residential Address HARVARD MA Tel. No. (optional)	PO 127	Committee I CKM AN of Committee mittee Mailin	Name e Treasurer eg Address	
SUMMARY BALAN	ICE INFORMA	TION:	1 el. No	o. (optional)
Line 1: Ending balance from pre	vious report	\$_	C	2
Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2)	(page 2, line 11)	\$_	220.W	
Line 4: Total expenditures this pe	eriod (page 3, line	14) \$	113.45	
Line 5: Ending balance (line 3 minus	line 4)	\$_	106.55	
Line 6: Total in-kind contributions	this period (pag	e 4) \$	-0-	
Line 7: Total (all) outstanding liabi	lities (page 4)	\$	189.00	
Line 8: Name of bank(s) used Ente	oprise Bank. In	wr		_)
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it campaign finance activity, including all contributions, loans, receipts, expend and represents the campaign finance activity of all persons acting under the M.G.L. c. 55. Signed under the penalties of Treasurer's signature (in ink)	itures, disbursements, in-l authority or on behalf of	kind contribution	one and liabilities	for this remarking and in
FOR CANDIDATE EILINGS ON	T.V.			

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 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. 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 all
campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting region
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 the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements.
M.G.L. \$55. Signed under the penalties of perjury:
M.G.L. 955. Signed under the penalties of perjury: **The Cartley** Candidate signature (iri ink) Date Candidate signature (iri ink) Date D
Candidate signature (if 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

Date Received	Name and Residential Address (alphabetical listing required)	Amou	unt	Occupation & Employer (for contributions of \$200 or more)
Line 9: To	otal receipts in excess of \$50 (or listed above)			
Line 10: To	otal receipts \$50 and under* (not listed above)	220	W	
	OTAL RECEIPTS IN THE PERIOD	220	00	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
4/13	Clintan Obliet Pontio	MGHST, CUNTOS, MA	Ugn	113	45
		·			
				•	
		Line 12:	Expenditures over \$50	113	45
		Line 13:	Expenditures \$50 and under*		
F	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	113	45

^{*}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
			0.50	
		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 ncurred	To Whom Due	Address	Purpose	Amount
4)24	HARVARD PRESS	STILL RIVER RD HARVARIS MAT	ad.	189.00
•				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	189.00

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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