

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED HARVARD TOWN CLEF

14 MAR 31 PM 1:3

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission
	11/14 Ending Date: 3/31/14
Type of Report: (Check one)	•
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
DON GRAHAM	
Candidate Full Name (if applicable)	COMMITTEE TO ELEGIDON GRANAM Committee Name
PLANNING BOARD	SHERRY GEALIAM
Office Sought and District	Name of Committee Treasurer
72 BROWN RD HARVARD MA 01451	
Residential Address	72 Bran Po Harvaro MA 01454 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	116.43
Line 2: Total receipts this period (page 3, line 11	0
Line 3: Subtotal (line 1 plus line 2)	116.43
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	116.43
Line 6: Total in-kind contributions this period (page 1)	age 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Ral Stops	E BANK : TRUST
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	at of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date: 3-31-1(1)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox 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 activity, of all persons acting under the authority or on behalf of this committee in actine any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	(Candidate's signature) Date:



Form CPF M 102: Campaign Finance Report TOWN CLERK **Municipal Form**

Office of Campaign and Political Finance

2014 OCT 30 AM 9: 08.

Fill in Reporting Period dates: Beginning Date: 9/30	File with: City of Lown Clerk of Election Commission 1/14 Ending Date: 10/27/14
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Deb Thomson	Committee to Elect Deb Thomson
Candidate Full Name (if applicable)	Committee Name
Board of Selectmen	Willie Wickman
Office Sought and District	Name of Committee Treasurer
130 Poor Farm Road, Harvard, MA 01451	POBox 177, Harvard, MA 01451
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11	1) 579
Line 3: Subtotal (line 1 plus line 2)	579
Line 4: Total expenditures this period (page 5, li	ine 14) 246.38
Line 5: Ending Balance (line 3 minus line 4)	332.62
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7) 0
Line 8: Name of bank(s) used: Enterprise Bank an	nd Trust
	ad contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 1027/14
incurred any liabilities nor made any expenditures on my behalf during this reporting the candidate without Committee OR Candidate with independent activity filing	ing period. g separate report the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the

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.)

Date Received	Name and Residential Address		Occupation & Employer
Date Mecenaed	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		L	
111			
][[
	l		
Ш	İ		
	1		
	11		
ne 9: Total Receipts	s over \$50 (or listed above)	0	
	s \$50 and under* (not listed above)	579	
e 11: TOTAL RE	CEIPTS IN THE PERIOD	579	Estas an analytic
			Enter on page 1, line 2 d 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Staples	145 Great Pond Rd, Acton, MA	copies of campaign literature	
10/3/14				57.38
	Harvard Press	POBox 284, Harvard, MA	ad in newspaper	
10/20/14	natvatu Press	POBOX 264, Hai Valu, MA	au III Newspapei	189.00
	1			
		Line 12: Total Expenditures of	over \$50 (or listed above)	246.38
		Line 13: Total Expenditures \$	50 and under* (not listed above)	
	Enter on page 1 line 4 -	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	246.3
. IC 1	31 0000 11 00 00 00 00 00 00 00 00 00 00		should include only those expenditure	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.

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

HARVARD TOWN CLERK

2014 OCT 27 PM 2: 24

File with:

Candidate signature (in ink)

y or Tow	n Clerk or Election Comm	ission Pleas	se print or ty	pe all information	on, except sign	atures.		
	dates: ting Period Beginning	Month	Date	Year 2014	Ending	Month (O	Date 0	3014
	of report: (Check on day preceding prelimi		lay precedir	ng election 3	0 day after ele	ection Dy	ear-end repor	t
	14 Fait	didate (if application) ht and District CONCS ial Address	Harva	Havaid	Name of 14 Fall	Committee Por Committee Mailin	arstor Treasurer Stree g Address	- Sucanto - Hawai
		-	or 110. (optio	lial)			Tel. No	o. (optional)
	Line 2: To Line 3: Su Line 4: To Line 5: En Line 6: To	ding bala tal receip btotal (line tal expen ding bala tal in-kind	ts this pel plus line ditures ance (line contributs tandin	this period 3 minus line 4) Lutions this p g liabilities	report , line 11) (page 3, line 1	\$ \$ \$ (4) \$ \$4	625.0 625.0 162.0 163.0 0	20 20 20 20
certify to campaign and repre M.G.L. c.	of Committee Treasurer that I have examined this finance activity, included sents the campaign finance 55	eport including a g all contributions e activity of all p	ersons acting		or on behalf of			
	FO	OR CANDIDA	ATE FILIN	IGS ONLY: (CA	NDIDATE MUS	T SIGN BEL	ow)	
☐ Candi I certify to campaign have not ☐ Candi I certify to campaign	t of Candidate: (check 1 idate with Committee and that I have examined this a finance activity, of all preceived any contributions idate without Committee that I have examined this a finance activity, including sents the campaign finance.	I no activity inder report including a tersons acting und, incurred any lial OR Candidate we report including a g contributions, le activity of all p	attached sched der the authori pilities nor mad with independent attached sched oans, receipts persons acting	ules and it is, to the fy or on behalf of a de any expenditures ent activity filing se ules and it is, to the	on my behalf duri parate report best of my known best of the best of	accordance wing this reportion	ith the requirement of period.	ents of M.G.L. c. 55. I

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	ount	Occupation & Employer (for contributions of \$200 or more)
10/14/14	Alexander C Combs, III	100	00	NA
015/14		100	00	NA
10/8/14	Nelson Northern	100	00	NA
10/21/14	kameth Swanton	200	00	retired
0/6/14/	Lebertonicia.	100		. , C 3
n ja ji k	50 ho 2020	6-5		£) = =
0/11/11	kenneli i i i i i i i i i i i i i i i i i i			
	5000 Jan To			
			-	
		,		
, legender				
				2.49.
Line 9:	Total receipts in excess of \$50 (or listed above)	500	00	
Line 10:	Total receipts \$50 and under* (not listed above)	125	00	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	625	- OC	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	Amount	
10/6/14	the Havourd Pres	5 POBOX 284	ad	\$54 a	
10/14/14	The Harriad Press	POBOX284	ad	\$54 00	
10/20/14	The Havrard Pres	POBOX 284	ad	\$54 00	
		. 6			
		,			
		Line 12: 1	Expenditures over \$50	162 00	
		Line 13: 1	Expenditures \$50 and under*	0	
Е	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	162 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. Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

'lease itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added

ogether from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		- Anger		
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	0

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 ddress of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and mployer.

SCHEDULE D: LIABILITIES

A.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as hose liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			4	
	E #			
E	Enter on page 1, line 7	Line 18: OUTSTANDING I	LIABILITIES (ALL)	0

his page may be copied if additional pages are required to report all activity. Please include your committee name and a page number n each page.

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