

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

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/21/2	File with: City or Town Clerk or Election Commission
This is reporting 1 eriod dates. Beginning Bate. 1/21/2	2016 Ending Date: 12/09/2016
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☒ dissolution
Janet A. Vellante	
Candidate Full Name (if applicable)	Committee Name
Town Clerk	
Office Sought and District	Name of Committee Treasurer
83 Ann Lees Road Residential Address	
E-mail: janetvellante@gmail.com	Committee Mailing Address
Phone # (optional):	E-mail:  Phone # (optional):
	- Control (opinoiss)
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	2 14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
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 the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cofinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	
Candidate with Committee and no activity independent of the committee	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L.c. 55. I have not received any activities in the contract of the
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 tinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	Candidate's signature)  Date: 12/09/2016





# Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political FinanceHARVARD TOWN CLERK

2016 FEB 16 PM 2: 16

Fill in Reporting Period dates: Beginning Date:	1/2016		Town Clerk or Election Commission
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	☐ 30 day	after election	report dissolution
DON GRAHAM Candidate Full Name (if applicable)	Com	MITTEE TO ELECT Committee Nar SHERRY GRAH	
Office Sought and District  Residential Address	72	Name of Committee To Party  Committee Mailing	Treasurer MARD MA 01451
E-mail:  Phone # (optional):	E-mail: Phone # (c	boy statehomes co	gmail con
SUMMARY BALANC	CE INFO	RMATION:	
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)	116.43	
Line 5: Ending Balance (line 3 minus line 4)		0	
Line 6: Total in-kind contributions this period (pa	age 6)		
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used: ROLISTONE	BANK	TRUST	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best 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 Signed under the penalties of perjury:	accordance wi	th the requirements of M.G.L. c. 55.	cement of all campaign finance and represents the campaign  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	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 activity and incurred any liabilities nor made any expenditures on my behalf during this reporting		owledge and belief, a true and complete the requirements of M.G.L. c. 55. I have	e statement of all campaign finance we 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, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	e best of my kn	owledge and belief, a true and complete	
Signed under the penalties of perjury:		(Candidate's signature)	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.

(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 (alphabetical listing required)	X - LONGON	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	2		
		L	
		1	
T			
0 T : 15			
ne 9: Lotal Receip	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ne 11: TOTAL RI	ECEIPTS IN THE PERIOD		
	eceipts of \$50 and under, include them in line		← 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)**

Name and Residential Address Occupation & Employer			
<b>Date Received</b>	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(xor contributions of \$200 of more)
		Land Control of the C	
ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: 1 otal Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1 line 2
	receipts of \$50 and under, include them in line		

#### **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	Ampunt
2/16/14	Town of Hanand		General Fund	116.47
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1164

Page 4

above.