

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 2/2	7>//6 Ending Date: 5 /3///6
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Thomas J. Brown	Thomas J Brown Campaign
Candidate Full Name (if applicable)	Committee Name
Selectmon	Patricia S. Brown
Office Sought and District	Name of Committee Treasurer
48 Granite ST Welpole, MA.	48 Granite st walpole MA.
Residential Address	Committee Mailing Address
Telephone Number (optional): 508 2>>-3644	Telephone Number (optional): 508 2 > 3694
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SUMMARY BALANC	EINFORMATION: ER & &
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	\$1,975.00 3 9
Line 3: Subtotal (line 1 plus line 2)	#1975.00 #1302.75
Line 4: Total expenditures this period (page 5, line	e 14) \$1,302.75
Line 5: Ending Balance (line 3 minus line 4)	\$ 672.25
Line 6: Total in-kind contributions this period (pag	ge 6) \$1,975.00
Line 7: Total (all) outstanding liabilities (page 7)	and the state of t
Line 8: Name of bank(s) used: Bank of	America
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 or on behalf of this committee in activity and the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	onle)
Candidate with Committee Fortify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accommuted any liabilities nor made any expenditures on my behalf during this reporting p	pest 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 contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this contributions.	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.)

1974	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
5/5/16	David Lucygo 14 OAKHILL DR Walpole, MA (2081	400-	
8 S/S/16 B	Domana Rossetti 47 Gristmill LM Walpoie, MM. 02031	#150-	
5/5/16	AMM MOTTE KONNOLLY 12 QUEENS CT WELFORD 02051	B/50-	
6/6/16	Hatty Clow JR 11 NOTCH Ad 11 NOTCH Ad Wellove, MA 02081	475-	
5/5/16	John Leith 80 UNION 9 Walpale, 02032	500	
5/5/16	Lauren Kagy 76 MILL Brook AV Wolfele 02081	700-	
5/5/16	Jenny Rubin 105 Humpton Rd Sharon 02067	4,00-	
5/5/16	John Mulcahy 98 Lewis AV walpole 02081	400-	
5/5/16	TIM HEMPTON 47 Christine DR Unifore MM. 02081	\$/25-	Dentist Donation Total
5/5/16	Joseph Bodio 35 walded OR Walfore, MA. 0205-1	#250-	Contributor did not provide occupation
		1	
Line 9: Total Recei	pts over \$50 (or listed above)	1675-	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	300	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	7,975	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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
5/23/16	Tim Hempton	47 christine OR walfale, ma. 02081	Campa 19~	475-
5/18/16	Roland CUNNISS	435 SOUTH ST Walfold 02081	campaign	4,00 -
5/5/16	Robert Gogliard	3 may Lyns way walfale, magos 1	Compension	100-
5/6/16	Kelly Bardey	157 HOSTIET AVE QUINCY	Campaign	400
5/5/16	Richard Pilla	4 Be-Kley DR walpole 02081	Co.Mpa194	100
contributes more than	bution is received from a person who so \$50 in a calendar year, you must report of the contributor; in addition, if the	Line 15: In-Kind Contributions	over \$50 (or listed above)	0
contribution is \$200 or more, you must also report the contributor's occupation and employer. Line 16: In-Kind Contributions \$50 & under		\$50 & under (not listed above)	4575	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	4,975

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.

ate Incurred	To Whom Due	Address	Purpose	Amount
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5/18/16	Roland CUNNISS	435 SOUTE ST Walfold 02081	campaign	4,00 -
5/5/16	Robert Gogliard	3 may lyns way	Campe.rgs	100-
5/6/16	Helly Bardou	157 HOSTIET AVE QUINCY	Campaigu	400
5/5/16	Richard Pilla	4 Be-Kley DR walfale 02081	(en mpa) god	100 -
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	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	4,975-

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Date Incurred	To Whom Due	Address	Purpose	Amount
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