



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance **RECEIVED**

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7-1-15 Ending TOWN OF WALPOLE 16
TOWN CLERK

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

NANCY S. MACKENZIE
Candidate Full Name (if applicable)

Board of Selectman - Walpole, MA
Office Sought and District

96 Pine St. Walpole, MA 02081
Residential Address

Telephone Number (optional): _____

Committee to Elect Nancy Mackenzie
Committee Name

RICHARD F. SULLIVAN
Name of Committee Treasurer

P.O. Box 187 - Walpole, MA 02081
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 107.72
Line 2: Total receipts this period (page 3, line 11)	\$ 2410.00
Line 3: Subtotal (line 1 plus line 2)	\$ 2517.72
Line 4: Total expenditures this period (page 5, line 14)	\$ 780.38
Line 5: Ending Balance (line 3 minus line 4)	\$ 1737.34
Line 6: Total in-kind contributions this period (page 6)	\$ 2410.00
Line 7: Total (all) outstanding liabilities (page 7)	-
Line 8: Name of bank(s) used:	<u>Delham Savings</u>

Affidavit of Committee Treasurer:
 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 all 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 M.G.L. c. 55.

Signed under the penalties of perjury: Richard F. Sullivan (Treasurer's signature) Date: 5-27-16

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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.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
 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 M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 5-27-16

Schedule C: "IN - KIND" Contributions

Contributions to West Agency, Massachusetts

<u>DATE</u>	<u>FROM WHOM</u>	<u>RESIDENTIAL ADDRESS</u>	<u>DISCRPTION</u>	<u>VALUE \$</u>
4/9/2016	Brady, Mary Jane & James	102 Common St. - Walpole, Ma.	check	100
4/9/2016	Caron, Cheryl & Michael	15 Dover Dr. Walpole, Ma.	check	100
4/28/2016	Crowley, Dennis & Amber	16 Butch Songin Cir. S. Walpole, Ma.	check	100
4/28/2016	Curran, Tom & Ellen	12 Cobbleknoll Dr. Walpole, Ma.	check	75
5/19/16	Gallivan, Mark	11 Bridal Path Walpole, Ma.	check	125
5/7/2016	Hurley, Paul	400 Common St. Walpole, Ma.	check	100
4/15/2016	Kraus, Eric - Clean Harbors, Public Relations	19 Jorie Lane Walpole, Ma.	check	200
4/15/2016	Laronde, Richard	8 Dover Dr. Walpole Ma.	check	100
4/28/2016	Lorusso, Tony & Barbara - Lorusso & Son, Manager	1260 Old North ST. Walpole, Ma.	check	250
5/7/2016	McCann, Maureen	304 Centre Lane. Walpole, Ma.	check	75
5/7/2016	Musto, Peter & Victoria	325 Bullard St. Walpole, Ma.	check	100
4/15/2016	Rockwood, Christina & Jon	15 Pelican Dr. Walpole, Ma.	check	75
5/19/16	Straccia, Pasquale & Sonia	12 Ganawatte Dr. Walpole, Ma.	check	100
4/16/16	Thomas, Alexander Funeral Home	45 Common St. Walpole, Ma.	check	100
5/7/16	Timson, Beth & Christopher	18 West Pine Dr. Walpole, Ma.	check	100
4/28/16	Tolland, Michael & Mary	205 Centre Lane Walpole, Ma.	check	100
4/15/16	Winslow, Linda	16 Brown Dr. Walpole, Ma.	check	100
<u>TOTAL</u>				1900

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
4-15-16	CONRADS RESTAURANT	907 MAIN ST Walpole, MA 02081	Campaign Kickoff and Fund Raiser	150. ⁵⁸
R-1 5-10-16	(R-1 attached) GALLIVAN, Nancy	11 BRIDAL PARK Walpole, MA 02081	Campaign Signs - Graphic Images Plainville, MA.	525. ⁹⁴
R-1 4-15-16	(R-1 attached) MACKENZIE, NANCY	96 FINE ST Walpole, MA 02081	Balcons + Banners For Campaign Fund Raiser	48. ⁸⁶
5-11-16	Walpole, Town of	135 School ST Walpole, MA 02081	Campaign at AT Walpole Day - Fee and Table	53. ⁰⁰
Line 12: Total Expenditures over \$50 (or listed above)				780. ³⁸
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				780. ³⁸

* 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
	<i>See Attached</i>			
<p>* 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.</p> <p style="text-align: right;">Enter on page 1, line 6 →</p>				<p>Line 15: In-Kind Contributions over \$50 (or listed above) <u>1900⁰⁰</u></p> <p>Line 16: In-Kind Contributions \$50 & under (not listed above) <u>570⁰⁰</u></p> <p>Line 17: TOTAL IN-KIND CONTRIBUTIONS <u>2470⁰⁰</u></p>

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
<p>Enter on page 1, line 7 →</p>				<p>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) <u> </u></p>



Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Nancy Gallivan CIN# 26-478752B

Committee Name: Committee to Elect Nancy Mackenzie CPF ID #: Notice: CP 575A

Amount of Reimbursement: 525.94

Date of Reimbursement: 5-19-16 Ch# 105

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
5-10-16	Graphic Images 95 Washington St. Plainville, MA	Campaign Signs	525	94
Expenditures in excess of \$50 (listed above)			525	94
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			525	94

Signed under the penalties of perjury:

Richard A. Sullivan 5-24-16
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



Form CPF R 1 : Itemization of Reimbursements Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: NANCY MACKENZIE CINA 26-1787528
 Committee Name: Committee to Elect Nancy Mackenzie CPF ID #: Notice: CP 575A
 Amount of Reimbursement: 48.86
 Date of Reimbursement: 5-19-16 OK# 106

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
4-15-16	PARTY CITY - 30 Prov. Hwy E. Walpole, MA 02032	Balcons & Banners FOR Campaign Fund RAISER	48	86
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)			48	86
TOTAL AMOUNT REIMBURSED			<u>48</u>	<u>86</u>

Signed under the penalties of perjury:

Richard Sullivan 5-29-16
 Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.