

# Form CPF M 102: Campaign Finance Report Municipal Form

Municipal Form

TOWN CLERK'S OFFICE
Office of Campaign and Political Finance ARLINGTON, MA 02174

Commonwealth of Massachusetts		File v	vith: City or Town Clerk	or Election Commission
Fill in Reporting Period dates: Beginning Date:	6,2013	Ending Date:		231,2013
Type of Report: (Check one)	•	-	REDEIV	
8th day preceding preliminary 8th day preceding election	30 day aft	er election	year-end report	dissolution
Candidate Full Name (if applicable)	Commi		ommittee Name	FOCHERD
ASSESSO POffice Sought and District	PARI		Committee Treasurer	
Residential Address 02474	16 Sex		ttee Marling Address	OZ474
Telephone Number (optional): 781777 2253	Telephone Nu	mber (optional):	81777 22	53
SUMMARY BALANC	E INFORM	MATION:		
Line 1: Ending Balance from previous report			125.00	
Line 2: Total receipts this period (page 3, line 11)			100	
Line 3: Subtotal (line 1 plus line 2)			,00	
Line 4: Total expenditures this period (page 5, line	14)		, 00	
Line 5: Ending Balance (line 3 minus line 4)			125.00	
Line 6: Total in-kind contributions this period (pag	ge 6)		,00	
Line 7: Total (all) outstanding liabilities (page 7)		7	661,20	_
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 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:  (Treasurer's signature)  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.L. c. 55. I have not received any contributions,				
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 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)				
Signed under the penalties of perjury:		(Candidate's signa	ature) Date.	IISH

#### **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)	Amount	Occupation & Employer (for contributions of \$200 or more)
			,
ine 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	100	← 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)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	. 00	← 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 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	nittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(alphabeteal listing)	Tradit 033	Turpose of Experience	111104111
				<u></u>
	7			
			ļ	
				<u> </u>
		Line 12. Total Face dit	on \$50 (on listed -1)	
		Line 12: Total Expenditures over	er 550 (or listed above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	100

<sup>\*</sup> 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)**

	To Whom Paid	2		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				9
	У.			
,				
		Line 12: Expenditures over \$50	(or listed above)	
		Ellie 12. Expellutures over \$50	(or instead above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	~
		; include them in line 12. Line 13 sh		.00

<sup>\*</sup> 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
,				
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<sup>\*</sup> 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
1993	JAP DOHFRTY	16 SPY FOND POWY	LOANS	
to Present		ARLINGTON	TO CAMPAIGN	7661.29
	-			
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	7.661.20

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# Schedule E Disclosure of Assets Statement Office of Campaign and Political Finance

of Macanchusetts			•	
File with: Director				
Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 (617) 727-8352			CPF ID#	¥
This form should be filed I	To:		•	•
Committee Name: COMMIT	TEE TO E	LECT TAMES F	Ochtp Date of r	eport: 011514
		ommittees must fill in p		
No assets* were acquired or dis	sposed of by this	candidate/committee dur	ing the period covered	by this statement.
Part B: <u>Assets acquired:</u> List all assets acquared have filed, list all assets.	uired since the co	ommittee last filed this sta	atement. If this is the fi	rst Schedule E you
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
Assets disposed of: List all assets s  Asset	old, traded or tra	nsferred during the repor  Disposition to:	ting period covered by t	Disposition Value
Include year, model or other identifying information, if applicable.	Acquired	Name and Address	of Disposition	Attach statement of how value is determined.
Assets acquired by a political committee mof that committee. Assets may be disposed	of at any time, but	must be disposed of prior to d	issolution.	
An asset is defined as any one item that he cost/value of \$1,000 or more at the time of		ore than one year, would be d	epreciable in a normal busin	ess environment, and has
Signed under the penalties of perjury:		Sign	ned under the penalties of pe	erjury:
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Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

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