

Form CPF M 102: Campaign Finance Report RECEIVED ID Municipal Form OWN GLERK'S OFFICE Office of Campaign and Political Finance



Commonwealth of Massachusetts 2016 JAN 20 PM 1: 58 Fill in Reporting Period dates: Beginning Date: 10 -	File with: City or Town Clerk or Election Commission - NO-165 Ending Date: 12-34-165
. Degining Date.	70 18 Example 2 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Type of Report: (Check one)	→
Sth day preceding prehumary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)	WMM TO RE-ELECT GAILD.
SOHOOL COMMITTEE Office Sought and District	CHERYL HARRINGTON Name of Committee Treasurer
1559 RANDOLPH ST; SO WEYMOU	SAMO Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	571.66
Line 2: Total receipts this period (page 3, line 11)	1) 175.00
Line 3: Subtotal (line 1 plus line 2)	746.66
Line 4: Total expenditures this period (page 5, his	ine 14) 170.76
Line 5: Ending Balance (line 3 minus line 4)	575.90
Line 6: Total in-kind contributions this period (pa	page 6) 🛛 🐧
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: WEYM(OUTH BANK
Affidavit of Committee Treasurer: Locruf) 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	id contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of $MGL(z)$ 55.
Signed under the penalties of perjury: AS Multi-	(Treasurer's signature) Date: 183115
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to the	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. o. 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 allogers on acting under the Capillority of on behalf of the	separate 1 eport the best of my knowledge and belief, a true and complete statement of all campaign and, in kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of MC 2 : 55
Signed under the penalties of perjust:	Candidate's signature. Date: 10/31/15

SCHEDULE B: EXPENDITURES GAL SI SHEET

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.)

report 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	Amount		
10/30/15	KATHM MIDI	54 NEVIN RD SO. WEY	PAPER I-COPYING OF FLYERS	53,97		
39/15	GAIL SHEEHAN	559 CANDOLPHS SDWEY	THANK YOLL NOTES + STAMPS	Leb.79		
13/15	OLYMPIC PIEZA	UNION ST. SO. WEMMOUTH	A YOUN HALL	50.00		
Line 12: Total Expenditures over \$50 (or listed above)				170:16		
	Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	170.76		

^{*} 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 A: RECEIPTS GAILS. SHEEHAN 6

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

number on e Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more
10 (c	WRRIE YENNELL 84 INDIAN RI, MARSHFIELD	100	00	de tradesperante de la constante de la constan
	,			
			<u> </u>	
t 1 - 0 - 1	Total receipts in excess of \$50 (or listed above)	100	l m	
		15		
	Total receipts \$50 and under* (not listed above) TOTAL RECEIPTS IN THE PERIOD	119	100	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.

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