

Form CPF M 102: Campaign Finance Report

			Municipa	l Form	AN 22 20	25		
		Office	of Campaign and	Political Fig	rando o'clock	The same of the sa	minutes <u>f</u>	
Commonwealth of Massachusetts				40 persistance	Marilya		Mean	
Fill in Repo	orting Period dates:	Beginning Date:	10/19/au	Endir ــــــ		2.31·1		mmission
Type of Re	port: (Check one)			,				
☐ 8th day pr	eceding preliminary	8th day preceding elec	ction 📋 30 day	after election	year-er	nd report	dissolu	tion
Lisa	Michelle Bla Candidate Full Name (if	ckner applicable)		e Blai	Committee N	COM lame	mitte	√
Dor4	h Adams Ce Office Sought and D			Barba	ra May Name of Committee	e Treasurer		The state of the s
74 Rece	ue lond Ave, 1701 Residential Addres		M 74	cleur	Committee Mailm	e 170 g Address	Y la Adica	INSKO
Telephone Numb	per (optional):		Telephone	Number (option	nal):			
	, , , , , , , , , , , , , , , , , , ,	SUMMARY BAI	LANCE INFO	RMATION	Y:			
	Line 1: Ending Balance	e from previous repo	ort			/\$.3S		
	Line 2: Total receipts	this period (page 3, 1	ine 11)		178	24.67		
	Line 3: Subtotal (line	l plus line 2)			184	0.02		
	Line 4: Total expendit				172	4.67		
	Line 5: Ending Balance	e (line 3 minus line	4)		115	<u>3.35</u>		
	Line 6: Total in-kind o	ontributions this per	iod (page 6)		0			
	Line 7: Total (all) outs	-	age 7)	,	Ø			
	Line 8: Name of bank(s) used: 11/ou	utoin C	re ye	rancials	· 		
I certify that I hav activity, including finance activity of	mittee Trensurer: e examined this report including at all contributions, loans, receipts, e all persons acting under the autho penalties of perjury:	expenditures, disbursements,	, in-kind contributions :	ind liabilities for ith the requireme	this reporting period	d and repres	all campaign fin ents the campaig	ance n
	DATE FILINGS ONLY:	Affidavit of Candidate: (cl	neck 1 box only)	(Treasur	en a aignature)	[
Candidate w I certify that is activity, of al incurred any	Ith Committee and no activity in I have examined this report includi I persons acting under the authority liabilities nor made any expenditur	dependent of the committee ng attached schedules and it y or on behalf of this commi- es on my behalf during this	ee is, to the best of my ki ttee in accordance with reporting period.	the requirement	ief, a true and comp s of M.G.L. c. 55. 1	olete stateme have not rec	ent of all campalg ceived any contri	n finance butions,
I certify that I finance activi	ithout Committee QR Candidate I have examined this report includi ty, including contributions, loans, ance activity of all persons acting t	ng attached schedules and it receipts, expenditures, disbu	is, to the best of my kr irsements, in-kind conti	owledge and belibutions and liab	pilities for this report	ting period a	and represents the	л ;
Signed under the	penaltics of perjury:	on M. Black	mes	(Candid	nte's signature)	Date:	1-17-14	,

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.)

Toport in Toecipia. 1	rease include your committee name and a pa	ge number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/31/13	Lisa Blackmen	590.19	Donation from Candidate
11/4/13	Asa Blackman	12-1.44	Donation from a a ntites
13/30/13	Fisa Blackmen	75-	Donation from Caroli Land
14/1 /13	Lisa Blackon	75	Donation from Cardidate
11/30/13	Lisa Blackmen	80.	Ponation from Candidale
10/24/13	Lisa Blechner	783. ⁴	Donation from Candidall
·			
Line 9: Total Receipts over \$50 (or listed above)		172467	
Line 10: Total Rece	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	170447	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
,		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} 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.

Page 6



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

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JAN	6	2014
The second	THE OWNER WHEN PERSON NAMED IN	

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At 10 o'clock 00 minutes A M Marilya Lonceau

RECEIVED AND FILED

with: or Town Clerk or Election Commission Please print or type all informat	ion, except signatures.
Fill in dates: Reporting Period Beginning /0 Date Year 20 / 20 / 20 / 20 / 20 / 20 / 20 / 20	3 Ending 12 31 Year 20/3
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election □year-end report □dissolution
Keith J. Bona Full Name of Candidate (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from previou Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilitie Line 8: Name of bank(s) used	\$2, line 11) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to ampaign finance activity, including all contributions, loans, receipts, expenditures, and represents the campaign finance activity of all persons acting under the authority. G.L. c. 55. Signed under the penalties of perju	disbursements, in-kind contributions and liabilities for this reporting period ity or on behalf of this committee in accordance with the requirements of
Freasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box 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 campaign finance activity, of all persons acting under the authority or on behalf o have not received any contributions, incurred any liabilities nor made any expenditure.	f this committee in accordance with the requirements of M.G.L. c. 55. I

Affidavit of Candidate: (check 1 box 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 best of my knowledge and belief, a true and complete statement of al
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.
have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
☐ 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 al
campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period
and represents the sampaign 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 signature (in ink)

1/6/14 -Date



ned under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

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Office of Campaign and Political Finance 17 2014

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Fill in Reporting Period dates: Beginning Date:	En	ding Date	City Clark
Type of Report: (Check one)			
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after electi	ion Vear-end report	dissolution
Heater Putnom Bongs		NA	
Candidate Full Name (if applicable)		Committee Name	
No Adam Schon Comnittee Office Sought and District		Name of Committee Treasurer	r
8 Williams St. N. Adams			
Residential Address		Committee Mailing Address	
elephone Number (optional):	Telephone Number (opt	ional):	
SUMMARY BALANC	TE INFORMATIO)N·	
	M HIT ORWALLE	314.	
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, lin	e 14)	0	
Line 5: Ending Balance (line 3 minus line 4)	7144	0	
Line 6: Total in-kind contributions this period (pa	ge 6)	0	
Line 7: Total (all) outstanding liabilities (page 7)		0	
Line 8: Name of bank(s) used:	NA		
fidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cance activity of all persons acting under the authority or on behalf of this committee in gned under the penalties of perjury: DR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I both Candidate with 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 accommittee and it is not made any expenditures on my behalf during this reporting	contributions and liabilities faccordance with the requires (Trea x only) best of my knowledge and becordance with the requirements	for this reporting period and representation of M.G.L. c. 55. asurer's signature) Date: belief, a true and complete stateme	sents the campaign
Candidate without Committee 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	best of my knowledge and be	liabilities for this reporting period	and represents the

(Candidate's signature)



Form CPF M 102: Campaign Finance Reporto FILED

Telephone Number (optional):

Municipal Form

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Committee Mailing Address

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2.4	re.	- 18	

Office of Campaign and Political Finance

Beginning Date: 18/2013 Ending Date ill in Reporting Period dates: ype of Report: (Check one) 3 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Committee Name N. Adams City Council
Office Sought and District Name of Committee Treasurer 33 Warren St Residential Address

SUMMARY BALANCE INFO	ORMATION:
Line 1: Ending Balance from previous report	Ó
Line 2: Total receipts this period (page 3, line 11)	6
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	Ó
Line 5: Ending Balance (line 3 minus line 4)	Ó
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	6
Line 8: Name of bank(s) used:	

fidavit of Committee Treasurer:

elephone Number (optional):

ertify 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 ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign ance 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.

med under the penalties of perjury:

(Treasurer's signature)

OR 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.

ned under the penalties of perjury:

(Candidate's signature)



Form CPF M 102: Campaign Finance Report

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	NAME OF TAXABLE PARTY.

Municipal Form f Massachusetts

	Office of Cam	paign and Political Fina	December 1 Form	20
Commonwealth f Massachusetts	•	·	Al 3 o'clock 35	minutes PM k or Election Commission
ill in Reporting Period dates:	Beginning Date: §-/8	8-2013 Ending		/- Giv Sink
Type of Report: (Check one)				
38th day preceding preliminary	8th day preceding election	30 day after election	year-end report	dissolution
MANCY BULLET Candidate Full Name (if CITY COUNCIL			Committee Name	
Office Sought and I	1	Na	me of Committee Treasurer	
42 MAPLE ST Above Residential Addr		C	ommittee Mailing Address	
elephone Number (optional):		Telephone Number (optional):		***************************************
	SUMMARY BALANC	E INFORMATION:		
Line 1: Ending Baland	ce from previous report	0		
Line 2: Total receipts	this period (page 3, line 11)	\bigcirc		
Line 3: Subtotal (line	1 plus line 2)	<u> </u>		
Line 4: Total expendit	tures this period (page 5, line	: 14)		
Line 5: Ending Baland	ce (line 3 minus line 4)	0		
Line 6: Total in-kind	contributions this period (pag	ge 6)		
Line 7: Total (all) outs	standing liabilities (page 7)	9		
Line 8: Name of bank	(s) used:			
fidavit of Committee Treasurer:				

fidavit of Committ

ertify 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 ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign ance 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.

ined under the penalties of perjury:

INGS ONLY: Affidavit of Candidate: (check I 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.

ned under the penalties of perjury:

(Candidate's signature



6 2014 20 _ Form CPF M 102: Campaign Finance Report JAN

Municipal Form
Office of Campaign and Political Finance

10 o'clock pp minutes A M

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Fil	0	11/		f b	0

e with: ty or Town	Clerk or Election Commission Please print or type all inf	ormation, except signa	atures.		
Fill in e		6/3 Ending	Month /	Date/	Year 3
	f report: (Check one) ay preceding preliminary 8th day preceding election	n □30 day after ele	ction 🗆 y	ear-end repor	rt
N.P.	Full Name of Candidate (if applicable) Nocational School Sistict Office Sought and District		Committee I	Name e Treasurer	
4.	Residential Address	Comm	ittee Mailin	ng Address	*
	Tel. No. (optional)			Tel. N	Jo. (optional)
	Line 1: Ending balance from pred Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabit Line 8: Name of bank(s) used	vious report (page 2, line 11) eriod (page 3, line 1 line 4) this period (page	\$_ \$_ \$_ (4) \$_ \$_	0	
I certify t	of Committee Treasurer: hat I have examined this report including attached schedules and it finance activity, including all contributions, loans, receipts, expend sents the campaign finance activity of all persons acting under the 55. Signed under the penalties of	itures, disbursements, in-ki authority or on behalf of	nd contributio	ons and liabilities	s for this reporting period
Treasure	r's signature (in ink)			Date	
	FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUS	ST SIGN BEI	LOW)	
☐ Cand I certify campaign have not ☐ Cand	t of Candidate: (check 1 box only) idate with Committee and no activity independent of the committent I have examined this report including attached schedules and in finance activity, of all persons acting under the authority or on b received any contributions, incurred any liabilities nor made any expidate without Committee OR Candidate with independent activit that I have examined this report including attached schedules and it	is, to the best of my know ehalf of this committee in enditures on my behalf dur y filing separate report	accordance ving this report	with the requirenting period.	nents of M.G.L. c. 55. I

	Affidavit of Candidate: (check 1 box only)
1	☐ 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. 1
	have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
-	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:

1-6-2014 Date Candidate signature (if ink)



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Municipal Form

JAN 2 1 2014

ATT. ATT.	
200 1	
F 1.1	

Office of Campaign and Political Finance

At 3 o'clock 32 minutes PA

Ill in Reporting Period dates: Beginning Date: 10	118/13 Ending Date: 12-31-13
ype of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
MICHAEC HERNANDEZ Candidate Full Name (if applicable)	Committee Name
Office Sought and District 160 EASLE ST. NORTH ADAMS MA 01247	Name of Committee Treasurer
Residential Address elephone Number (optional): 413-664-8007	Committee Mailing Address Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line	(14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
fidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best calivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind coance activity of all persons acting under the authority or on behalf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign econdance with the requirements of M.G.L. c. 55.
ned under the penalties of perjury:	(Treasurer's signature) Date:
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the bactivity, 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 process.	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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	Manager and the control of the contr



igned under the penalties of perjury:

Form CPF M 102: Campaign Finance Reports FILED

Municipal Form

alam 2	1	2014

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10 11	

Date: 1/21/14

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Office of Can	ipaign and F	olitical Finan	ee

At 2 o'clock 05, minutes PM

f Massachusetts	File Mar Strate On Clark or Election Commission
Fill in Reporting Period dates: Beginning Date:	26.13 Ending Date: 1.20.14
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Kate Hanley Morrigan	
Candidate Full Name (if applicable)	Committee Name
City Councilor - North Adams	
City Councilor - North Adams Office Sought and District East Main St., North Adams	Name of Committee Treasurer
Residential Address	Committee Mailing Address
elephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	337.37
Line 2: Total receipts this period (page 3, line 11)	105.00
Line 3: Subtotal (line 1 plus line 2)	442.37
Line 4: Total expenditures this period (page 5, line	141.72
Line 5: Ending Balance (line 3 minus line 4)	\$ 300.65
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	<u> </u>
Line 8: Name of bank(s) used: Adams	Community Bank
fidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best of tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind columns activity of all persons acting under the authority or on behalf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
gned under the penalties of perjury:	(Treasurer's signature) Date:
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the lactivity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting the authority or on the	poest 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, period.
I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/1/13	Fronk Memigan 453 W. Main Street N. Adams, MA 01247	50*	
	s over \$50 (or listed above)	508	•
e 11: TOTAL RE	ts \$50 and under* (not listed above) CEIPTS IN THE PERIOD ceipts of \$50 and under, include them in line 9	10500	Enter on page 1, line 2

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.)

report all expenditures. Please include your committee name and a page number on each page.)						
Date Paid	To Whom Paid (alphabetical listing)	A dalmaga	Purpose of Expenditure	Amount		
10/28/13	Bona Morketing	Main Street N. Adams, MA	postcordo	Amount 3 2.73		
10/30/13	Bona Maketing	Main Street N. Adoms, MA	stickers	50.00		
11/9/13	FACEN	Main Street Northampton, MA	Hank, you cards	37.11		
11/12/13	USPS	Summer Stime N. Adams, MA	postage	18.40		
10/29/13	PayPal Jeed			3.48		
Expunds Transpared by Mills and Laboratory and Labo						
		San Carrier Contract of the Co				
		,				
Line 12: Total Expenditures over \$50 (or listed above)						
		Line 13: Total Expenditures \$50	and under* (not listed above)			
	'	Line 14: TOTAL EXPENDIT	<u> </u>	141.72		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Form CPF M 102: Campaign Finance Report FILED

Municipal Form JAN 6 2014 20

0	Office of Campaign and Political Finance o'clock o'minutes A M					
Commonwealth f Massachusetts			M	arty	Hon	Class 11 W
'ill in Reporting Period dates: Beginning Dat	e: <u>10/28</u>	113	Ending Da	ate:	2/21/13	City Clerk
'ype of Report: (Check one)						
38th day preceding preliminary 8th day preceding	election] 30 day af	ter election	year-en	d report	dissolution
JosHUA JOSEPH MORAN				Committee N		
Candidate Full Name (if applicable)				Committee N	ame	
NORTH A PAMS LITY (OVNCIL) Office Sought and District			Name	e of Committee	Treasurer	
138 CATHERING STAFFT Residential Address			0		A 11	
elephone Number (optional): 401. 290. 8761		Telephone Ni	umber (optional):	nmittee Mailing	Address	
SUMMARY	BALANCE	INFORM	MATION:			
Line 1: Ending Balance from previous	report		64.06			
Line 2: Total receipts this period (page	3, line 11)		0.00			_
Line 3: Subtotal (line 1 plus line 2)		***************************************	64.06			
Line 4: Total expenditures this period (page 5, line 1	4)	0.00			
Line 5: Ending Balance (line 3 minus li	ine 4)		64.06			
Line 6: Total in-kind contributions this	period (page	6)	0.00			
Line 7: Total (all) outstanding liabilitie	s (page 7)		0.00			
Line 8: Name of bank(s) used:	NK OF	1 MEAL	<u> </u>			_
fidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and i ivity, including all contributions, loans, receipts, expenditures, disbursen ance activity of all persons acting under the authority or on behalf of this	nents, in-kind cont	ributions and	liabilities for this r	eporting period		
gned under the penalties of perjury:			(Treasurer's s	ignature)	Date:	1/6/14
OR CANDIDATE FILINGS ONLY: Affidavit of Candidat	e: (check 1 box or	ıly)				
Candidate with Committee I certify that I have examined this report including attached schedules activity, of all persons acting under the authority or on behalf of this concurred any liabilities nor made any expenditures on my behalf during candidate without Committee I certify that I have examined this report including attached schedules.	ommittee in accord g this reporting per and it is, to the bes	lance with the iod.	requirements of M	I.G.L. c. 55. It	nave not reco	eived any contributions,
finance activity, including contributions, loans, receipts, expenditures, campaign finance activity of all persons acting under the authority or of the contributions.						
aned under the penalties of perjury:			(Candidate's s	ignature)	Date: _	1/6/14



(617) 727-8352

1 5 2014

minutes

Form CPF 102 WTC: Campaign Finance Office of Campaign and Political Fanance City Clerk

File with: Director Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108

CPF ID# 12345 1/14/2014

Reporting Period - Beginning: 10/15/2013 Ending: 1/1/2014

Type of report: Year-end

Committee to Elect Robert Moulton Jr

Committee Name

Theresa Denault

Name of Committee Treasurer

Committee to elect Robert Moulton Jr

, 01247

Committee Address

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$2,018.56
Total receipts this period:	\$2,145.00
Subtotal:	\$4,163.56
Total expenditures this period:	\$10,614.69
Ending Balance:	(\$6,451.13)
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of bank(s) used: Adams Community	

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, inkind 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 (in ink)

Schedule A: Receipts

.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts ver \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only temize those receipts over \$50. In addition, the occupation and employer must be reported for all persons ho contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employer
10/30/2013	Barrett, John	\$100.00	
	North Adams, MA 01247		
10/27/2013	Betti, Lois	\$100.00	
	North Adams, MA 01247		
10/26/2013	Candiloro, John Walker St North Adams, MA 01247	\$25.00	
10/16/2013	Cardimino, David 57 Folsom St North Adams, MA 01247	\$200.00	Retired
11/3/2013	Chalifoux, Louis	\$100.00	
	North Adams, MA 01247		
10/27/2013	Crandall, Arron	\$100.00	
	North Adams, MA 01247	W	
10/16/2013	Delisle, Robert Po Box 777 North Adams, MA 01247	\$50.00	
10/16/2013	Dickinson, Donna 1527 Mass Ave North Adams, MA 01247	\$200.00	Retired
11/1/2013	Felix, Robert	\$175.00	
	North Adams, MA 01247		
11/2/2013	Ghiodotti, Audrey	\$50.00	
	North Adams, MA 01247		
10/30/2013	Gnirdek, Jseph	\$50.00	
	North Adams, MA 01247		
11/3/2013	Godell, Susan	\$100.00	
	North Adams, MA 01247		
10/24/2013	Goodell, Wayne 564 Barbour St North Adams, MA 01247	\$100.00	
10/26/2013	Lavieriere, Richard Walker St North Adams, MA 01247	\$100.00	
11/2/2013	Lawerence, Jowett Mass Ave North Adams, MA 01247	\$100.00	
10/20/2013	Levesque, Thomas Marion Ave North Adams, MA 01247	\$50.00	
11/3/2013	Lincoln, Shirley	\$50.00	

10/30/2013	Morandi, Ed West Shaft North Adams, MA	01247	\$100.00	
10/16/2013	Moulton, Carolyn 1191 Mass Ave North Adams, MA	01247	\$100.00	
11/1/2013	Moulton, Peter Johnson St North Adams, MA	01247	\$50.00	
10/18/2013	Pedercini, Geralo 54 Gunther St North Adams, MA	dine 01247	\$50.00	
10/21/2013	Peter, Dickinson 1527 Mass Ave North Adams, MA	01247	\$50.00	
10/25/2013	Raccette, David 87 Summit Ave North Adams, MA	01247	\$25.00	
11/3/2013	Scarpito, Betty		\$50.00	
	North Adams, MA	01247		
10/31/2013	Sebastino, Fran		\$50.00	
	North Adams, MA	01247		
10/20/2013	Sprague, Phillip Po Box 1721 North Adams, MA	01247	\$20.00	
	Total Itemized Re	eceipts:	\$2,145.00	
	Total Unitemized	-	\$0.00	
	Total Receipts:		\$2,145.00	

Schedule B: Expenditures

.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period.
mmittees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50.
xpenditures over \$50 and under may be added together from committee records, and reported on line 13.

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Date	Name and Address	Amount	Purpose
10/17/2013	American Legionican Legion	\$980.76	269 Lawn Signs + Stakes
	North Adams, MA 01247		
10/29/2013	Becks Printing Union St North Adams, MA 01247	\$1,000.00	Papayment
11/7/2013	Becks Printing Union St North Adams, MA 01247	\$1,036.00	Payment
10/16/2013	Becks Printing	\$336.81	Post Cards, Banner ,Signs
	North Adams, MA 01247		,519115
11/9/2013	Becks Printing Union St North Adams, MA 01247	\$2,000.00	Payment
11/5/2013	Gargon Communications	\$900.00	Designs
	Adams, MA 01220		
12/19/2013	Gargon Communications	\$350.00	Designs
	Adams, MA 01220		The state of the s
10/30/2013	North Adams Post Office Ashland St North Adams, MA 01247	\$167.04	Stamps
		.	
10/25/2013	North Adams Post Office Ashland St North Adams, MA 01247	\$766.08	Mailing
10/30/2013	North Adams Post Office Ashland St	\$748.00	Mailing
	North Adams, MA 01247		
11/1/2013	North Adams Post Office Ashland St	\$748.00	Mailing
	North Adams, MA 01247		
11/1/2013	Time Warner	\$110.00	Ads
	North Adams, MA 01247		
10/30/2013	Vox Communications State St	\$1,035.00	Radio Adds
	North Adams, MA 01247		
10/30/2013	Wnaw	\$437.00	Ads
	North Adams, MA 01247		
	Total Itemized Expenditures:	\$10,614.69	
	Total Unitemized Expenditures:	\$0.00	
	Total Expenditures:	\$10,614.69	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Item	ized Inkind Contributions	\$0.00	
Total Unit	emized Inkind Contributions	\$0.00	
Total Inki	nd Contributions	\$0.00	

10015

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 the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00



Form CPF M 102: Campaign Finance Report RECEIVED AND FILED **Municipal Form**

JAN 6 2014 20 _

Office of Campaign and Political Finance

12 o'clock of minutes PM andy Homean

Fill in Reporting Period dates: Beginning Date: 8-10	F-Jo13 Ending Date: DEC 31, 2013 Clerk		
Type of Report: (Check one)			
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election year-end report dissolution		
MICHELE L. VARESCH 1 Candidate Full Name (if applicable)	Committee Name		
NORTH ADAMS SCHOOL COMMITTEE Office Sought and District	Name of Committee Treasurer		
17 E STREET			
Residential Address elephone Number (optional): 4/3 664-4639	Committee Mailing Address Telephone Number (optional):		
SUMMARY BALANCI	E INFORMATION:		
Line 1: Ending Balance from previous report	Ø		
Line 2: Total receipts this period (page 3, line 11)			
Line 3: Subtotal (line 1 plus line 2)	0		
Line 4: Total expenditures this period (page 5, line	14)		
Line 5: Ending Balance (line 3 minus line 4)	0		
Line 6: Total in-kind contributions this period (pag	ge 6)		
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used:			
fidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best o ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind coance activity of all persons acting under the authority or on behalf of this committee in activity or under the penalties of perjury:	entributions and liabilities for this reporting period and represents the campaign		
DR 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 b activity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting p	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 befinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this contribution.	in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.		
ned under the penalties of perjury:	(Candidate's signature) Date: 12-23-13		



Form CPF M 102: Campaign Finance Reporting Municipal Form on 17 2014

Office of Campaign and Political Finance

	File with: Pity or Town Clerk or Election Commission
ill in Reporting Period dates: Beginning Date:	Ending Date: City Clerk
ype of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
WAYNE J WILKINSON	N/4
Candidate Full Name (if applicable)	Committee Name
CITY COUNCIL	NA
Office Sought and District	Name of Committee Treasurer
120 OAK HILL NORTH ADAMS, MA	NIA
Residential Address	Committee Mailing Address
elephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Elite 1. Eliting Balance from previous report	-946,44
Line 2: Total receipts this period (page 3, line 11)	\varnothing
Line 3: Subtotal (line 1 plus line 2)	-940.44
Line 4: Total expenditures this period (page 5, line	14) Ø
Line 5: Ending Balance (line 3 minus line 4)	-940.44
Line 6: Total in-kind contributions this period (pag	e 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	-940,44
Line 8: Name of bank(s) used:	N/A
idavit of Committee Treasurer: rtify that I have examined this report including attached schedules and it is, to the best o vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind connect activity of all persons acting under the authority or on behalf of this committee in actual and the penalties of perjury: OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	ntributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
Candidate with Committee I certify 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 accommodate incurred any liabilities nor made any expenditures on my behalf during this reporting p	est of my knowledge and belief, a true and complete statement of all campaign finance rdance 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.	n-kind contributions and liabilities for this reporting period and represents the
ned under the penalties of perjury: Day Curlin	Candidate's signature) Date: 1-17-2014