



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED AND FILED

Office of Campaign and Political Finance

JAN 14 2015 20

At 4 o'clock 25 minutes P M
Filed with: Mayor City or Town Clerk or Election Commission
Ending Date: Dec 31, 2014
City Clerk

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address
Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="2,176.59"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="6,795"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="8,971.59"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="4,467.14"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="4,504.45"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Adams Community Bank"/>

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: Joanne DeRose (Treasurer's signature) Date: 1-13-15

FOR CANDIDATE FILINGS ONLY: 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 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 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: [Signature] (Candidate's signature) Date: 1/14/15

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)
10/21/14	Mary Ann Abusi 55 Johnson Street North Adams, MA 01247	100.00	
10/12/14	Bernice Alcombright 1547 Massachusetts Avenue North Adams, MA 01247	50.00	
11/04/14	Bernice Alcombright 1547 Massachusetts Avenue North Adams, MA 01247	50.00	
10/15/14	Daniel Alcombright 1638 Waller Street San Francisco, CA 94117	250.00	President & CEO, Solon
11/9/14	Anne Apkin 611 North State Road Cheshire, MA 01225	100	
11/22/14	William Apkin 135 Old Cheshire Road Lanesboro, MA 01237	100	
10/15/14	Lorrie Bloom PO Box 1171 North Adams, MA 01247	100	
10/23/14	Duncan Brown PO Box 98 Williamstown, MA 01267	250	CEO, CedarWorks
10/15/14	Gerard Burke 19 Tamie Way Pittsfield, MA 01201	100	
11/24/14	Joan Callahan PO Box 309 Williamstown, MA 01267	100	
10/15/14	James Canavan 1136 Notch Road North Adams, MA 01247	100	
10/15/14	Susan Chilson PO Box 951 North Adams, MA 01247	100	
Line 9: Total Receipts over \$50 (or listed above)		5275	
Line 10: Total Receipts \$50 and under* (not listed above)		1620	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6795	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/15/14	Committee to Elect Tom Bowler Sheriff PO Box 643 Pittsfield, MA 01201	100	
10/15/14	Beverly Cooper 424 Reservoir Road North Adams, MA 01247	60.00	
11/8/14	Eugene Dellea 26 Albany Road West Stockbridge, MA 01266	100	
10/21/14	Dennis Dickinson 1036 Massachusetts Avenue North Adams, MA 01247	100	
11/24/14	Donald Dubendorf PO Box 546 Williamstown, MA 01267	100	
10/15/14	Harris Elder 84 Marion Avenue North Adams, MA 01247	60	
11/5/14	Neil Ellis 43 Butternut Road Manchestser, CT 06040	500	President, First Hartford Corporation
11/21/14	Rober Fraser 25 Hillside Street Marshfield, MA 02050	100	
11/4/14	Mark Gold 485 Oblong Road Williamstown, MA 01267	100	
11/8/14	Judith Grinnell PO Box 713 North Adams, MA 01247	100	
11/7/14	Sherwood Guernsey 402 Hancock Road Williamstown, MA 01267	100	
10/15/14	Susan Helme 504 Church Street North Adams, MA 01247	100	
11/10/14	Thomas Holland 143 Bulkley Street Williamstown, MA 01267	125	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/4/14	Ellen Kennedy 485 Oblong Road Williamstown, MA 01267	150	
10/15/14	Christine Maher 34 Holly Lane Williamstown, MA 01267	100	
10/9/14	John Murphy 4662 Ashbury Avenue Cypress, CA 90630	100	
12/22/14	Katherine Peabody 140 Hopper Road Williamstown, MA 01267	500	Unemployed
12/22/14	William Peabody 140 Hopper Road Williamstown, MA 01267	500	Venture Partner, Greycroft Partners
10/13/14	Jennifer Pendery 4439 Westwood Lane Sarasota, FL 34231	60	
10/13/14	Kenneth Pendery 4439 Westwood Lane Sarasota, FL 34231	60	
10/20/14	Raymond Ranzoni 57 Park Avenue North Adams, MA 01247	100	
10/15/14	Phillip Sellers 243 Union Street #103 North Adams, MA 01247	60	
12/4/14	Holly Taylor 231 Sweetbrook Road Williamstown, MA 01267	100	
10/16/14	William Whitman 399 150th Avenue, Madeira Cove B312 Madeira Beach, FL 33708	100	
10/11/14	Herbert Wilkinson 33 Foucher Avenue North Adams, MA 01247	100	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/15/14	Wayne Wilkinson 120 Oak Hill North Adams, MA 01247	200	Appraiser, Wilkinson Appraisal Associates Inc
10/3/14	Shirley Wolfe 69 Notch Road North Adams, MA 01247	100	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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 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
Feb 1, 2014	Axiom Design Group LLC	4057 46th Avenue SW Seattle, WA 98116	Website Hosting	125
Jan 16, 2014	Beck's Printing	121 Union Street North Adams, MA 01247	Cards	639.32
Dec 18, 2014	Beck's Printing	121 Union Street North Adams, MA 01247	Cards	526.63
Jun 13, 2014	Berkshire County Deputy Sheriff's Association	PO Box 604 Pittsfield, MA 01201	Sponsorship	100
Jan 20, 2014	DHS Boys Booster Club	1130 South Church Street North Adams, MA 01247	Sponsorship	75
Dec 8, 2014	DHS Boys Basketball	PO Box 1541 North Adams, MA 01247	Sponsorship	85
Dec 8, 2014	DHS Girls Basketball	128 Notch Road North Adams, MA 01247	Sponsorship	80
Mar 11, 2014	Drury Yearbook	1130 South Church Street North Adams, MA 01247	Sponsorship	115
Dec 23, 2014	HEDTEC LLC	123 Church Street North Adams, MA 01247	Website Hosting	250
Oct 19, 2014	Lickety Split	1010 Mass MoCA Way North Adams, MA 01247	Catering Expense	500
Nov 20, 2014	Lickety Split	1010 Mass MoCA Way North Adams, MA 01247	Catering Expense	450
Dec 13, 2014	Mary Ann Abusi	55 Johnson Street North Adams, MA 01247	Mailing Labels	56.93
Line 12: Total Expenditures over \$50 (or listed above)				4,267.14
Line 13: Total Expenditures \$50 and under* (not listed above)				200
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				4,467.14

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Feb 7, 2014	Mount Williams Greenhouses	1090 State Road North Adams, MA 01247	Flowers	79.69
Mar 5, 2014	Mount Williams Greenhouses	1090 State Road North Adams, MA 01247	Flowers	81.57
Aug 2, 2014	Mount Williams Greenhouses	1090 State Road North Adams, MA 01247	Flowers	53.13
Nov 23, 2014	Mount Williams Greenhouses	1090 State Road North Adams, MA 01247	Flowers	53.13
Apr 30, 2014	Quadland's Flowers & Gifts	90 Holden Street North Adams, MA 01247	Flowers	56.13
May 4, 2014	Quadland's Flowers & Gifts	90 Holden Street North Adams, MA 01247	Flowers	210.95
Nov 6, 2014	Quadland's Flowers & Gifts	90 Holden Street North Adams, MA 01247	Flowers	56.13
Dec 4, 2014	Quadland's Flowers & Gifts	90 Holden Street North Adams, MA 01247	Flowers	56.13
Sep 26, 2014	Richard Alcombright	40 Williams Street North Adams, MA 01247	Postage	245
Nov 8, 2014	Richard Alcombright	40 Williams Street North Adams, MA 01247	Postage	78.4
Dec 13, 2014	Richard Alcombright	40 Williams Street North Adams, MA 01247	Postage	294
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
	Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* 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)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

Enter on page 1, line 6 →

* 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.

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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0



Commonwealth
of Massachusetts

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

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: Mary Ann Abusi

Committee Name: Comm. to Elect Alcombright CPF ID #: _____

Amount of Reimbursement: \$ 56.93

Date of Reimbursement: 12-31-14

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
12-13-14	Staples 555 Hubbard Ave Pittsfield, MA	Mailing Labels	56	93
Expenditures in excess of \$50 (listed above)			56	93
Expenditures \$50 and under (not listed above)			0	0
TOTAL AMOUNT REIMBURSED			56	93

Signed under the penalties of perjury:

Janne DeRose 1-12-15
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



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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: Richard Alcombright

Committee Name: Comm. to Elect Alcombright CPF ID #: _____

Amount of Reimbursement: \$ 245.00

Date of Reimbursement: 10-5-14

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9-26-14	U.S. Postal Service 67 Summer St. N. Adams MA	Postage	245	00
Expenditures in excess of \$50 (listed above)			245	00
Expenditures \$50 and under (not listed above)			0	0
TOTAL AMOUNT REIMBURSED			245	00

Signed under the penalties of perjury:

Janice DeLoe 1-13-15
Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



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Office of Campaign and Political Finance
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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: Richard Alcombright

Committee Name: Comm. to Elect Alcombright CPF ID #: _____

Amount of Reimbursement: \$78.40

Date of Reimbursement: 11-13-14

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
11-8-14	U.S. Postal Service 55 Summer St. N. Adams MA	Postage	78	40
Expenditures in excess of \$50 (listed above)			78	40
Expenditures \$50 and under (not listed above)			0	0
TOTAL AMOUNT REIMBURSED			78	40

Signed under the penalties of perjury:

_____ 1-13-15
 Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



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One Ashburton Place
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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: Richard Alcombright

Committee Name: Comm. to Elect Alcombright CPF ID #: _____

Amount of Reimbursement: \$ 294.00

Date of Reimbursement: 12-31-14

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
12-13-14	US Postal Service 55 Summer St. N. Adams, MA	Postage	294	00
Expenditures in excess of \$50 (listed above)			294	00
Expenditures \$50 and under (not listed above)			0	00
TOTAL AMOUNT REIMBURSED			294	00

Signed under the penalties of perjury:

1-13-15

 Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.