| Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance | | | | |
|--|--|--|--|--|
| Commonwealth | | | | |
| of Massachusetts File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Dawy 12,2013 Ending Date: October 18,2013 | | | | |
| Type of Report: (Check one) | | | | |
| Bth day preceding preliminary X 8th day preceding election 30 day after election year-end report dissolution | | | | |
| Tohn W. HenreyCandidate Full Name (if applicable)Word A/Jermon, Werd 4Office Sought and District42 Control St, Auburndale MA 02466Residential AddressTelephone Number (optional):617-579-5733Candidate Full Name (if applicable)Committee To Effect Tay HorneyCommittee To Effect Tay HorneyCommittee NamePriscilla M. LeithName of Committee TreasurerP.O. Box 66233 Auburndale MA 02466Committee Mailing AddressTelephone Number (optional):617-969-6837 | | | | |
| SUMMARY BALANCE INFORMATION: | | | | |
| Line 1: Ending Balance from previous report 224.77 | | | | |
| Line 2: Total receipts this period (page 3 line 11) 4,650.00 | | | | |
| Line 3: Subtotal (line 1 plus line 2) 4, 874. 77 | | | | |
| Line 4: Total expenditures this period (page 3 , line 14) 544.8/ | | | | |
| Line 5: Ending Balance (line 3 minus line 4) 4, 329.96 | | | | |
| Line 6: Total in-kind contributions this period (page 6) | | | | |
| Line 7: Total (all) outstanding liabilities (page 7) | | | | |
| Line 8: Name of bank(s) used: The Villege Bank, 307 Auburn St. Auburndele 02466 | | | | |
| 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 benefit of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: | | | | |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee | | | | |
| 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: | | | | |

page 2B

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.)

| | ase include your committee name and a page num Name and Residential Address | Occupation & Employer | |
|--|--|-----------------------|--------------------------------------|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) |
| 5/22/13 | Leith, Priscilla M. 162 Islington Rd, Auburndale | \$250." | Accountent, Self-employed |
| 6/9/13 | Lipot, Richard & Janice 105 Balapate Rd, Newton 02459 | \$75 | |
| 6/9/13 | LUNIE, David E. 63 Kingswood Rd, Auburndale | ⁹]180 | |
| 7/13/13 | Miller, Brisn H. DDS 23 Flessort J. Newton 02459 | \$100 | |
| 6/25/13 | Morrissey, Coorge F., Esc. 101 Tremont ST; Boston 02/08 | \$100 | |
| 6/9/13 | Nothenson, Andrew + Audrey 26 Pierre pont Ry Newton Lower | \$100 | |
| 6/9/13 | Renke William H. 142 Cornell St., Newton Que Fac | \$100." | |
| 6/9/13 | Augeolo, Amy ATahn 389 Central St., Aubundale 02466 | \$100 | |
| 6/9/13 | Suder Pai Dit heile H. 9 Ard more Rd, West Nenton 02465 | \$100, | |
| 6/9/13 | Steniort, John F.Y. Lucis M. 23 Tierreport J. Newton Loner Folls 02462 | \$100 | |
| 6/7/13 | Watch, David M. 62 Day St., Auburndale 02466 | \$100 | |
| 6/6/13 | Weinberg, Jean 124 Staniford St. | \$100. | |
| Line 9: Total Receipts over \$50 (or listed above) | | | |
| Line 10: Total Receipts \$60 and under* (not listed above) | | | |
| Line 11: TOTAL F | RECEIPTS IN THE PERIOD | \$4,650 | ← [] 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.

Committee to Elect Jay Harney 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) |
|--------------------|---|-----------|---|
| 6/9/13 | Compbell, Sharon + Bross 14 Townsend St. Moldon 02148 | \$ 100.00 | |
| 6/27/13 | Capassol Terrod C. + Los Am 8 Vista Ave., Auburnd 1/2020 | \$200.00 | Real Estate Company |
| 6/15/13 | Political Action Con mittee/Find, Derponters Union, Local 215, All Lexington J. Huburndule 0244 | \$250." | Corperters' Labor Organization |
| 6/9/13 | Ciccone, Allan A. Jr. 22 West St., NewTon MA02458 | \$100.00 | |
| 6/9/13 | Frantz Jone O. 12 Gistonbury Quel, Neben 02468 | *75 | |
| 6/9/13 | Callogly, Richard + Kotz Bonnie 114 Windermere R. Alburndele | \$100 | 201 10 11 10 |
| 9/28/13 | Glesser, John L. + Erin Coyle 119 Han cock St, Auburndule 0466 | 9100 | Porcie 722 F |
| 6/9/13 | Harney, Potrick Ort Aletha P. 45/2 Garden St., Boston 02/14 | \$100." | ۲ ^S ۱۵۲ ۱۹۲ |
| 6/15/13 | Howarth, John Hot Kathernie B. 34 Grove Jana St. Aubur Male | \$50 | Insurance Company Executive |
| 6/9/13 | Honeycutt, William + Gran R. 123 Damon Rd., Medford 02455 | \$250 | Business Owner |
| 6/9/13 | Khozei Alan H. + Kinsch, Vanass 48 Allecton Rd., Brockline 0244 | \$700." | |
| 7/5/13 | King, Doretta A. Mitchell S. 17 Leighton Rd., Auburadale | 9100. | |
| Line 9: Total Rece | ipts over \$50 (or listed above) | \$1,700 | |
| Line 10: Total Rec | eipts \$50 and under* (not listed above) | \$1,600 | - R |
| Line 11: TOTAL | RECEIPTS IN THE PERIOD | 3,300 | 2B ← [] Enter on page #; time 2 / Inie / O |

* 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 |
|-----------|---|---|--|----------|
| 6/13/13 | Lorney, Martha | 42 Control St. Aubundale MA 02466 | Face, bereases Ice For Kick of Porty | \$23.8/ |
| 6/19/13 | St. Mary of Carmon Society | P.O. Box 95-094 Newton MA 02495 | Ad in Program Book For Annul Festives | \$1/25 |
| 6/19/113 | U.S. Postal Service | C/ Aubumboli Post Office, 2122 Comm Ave. Auburno ale MA 02466 | P.O. Box ront, 2 yeurs | \$\$98 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I | | Line 12: Total Expenditures over \$50 (or listed above) | | \$544.81 |
| | Line 13: Total Expenditures \$50 and under* (not listed above) | | | 0 |
| | Enter on page 1, line $4 \rightarrow$ 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. Page 3

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 |
|---|---------------------------------------|--------------------------------|---------------------------------|-------|
| | None | | | 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. | | Line 15: In-Kind Contributions | over \$50 (or listed above) | 0 |
| | | Line 16: In-Kind Contributions | \$50 & under (not listed above) | 0 |
| | Enter on page 1, line $6 \rightarrow$ | Line 17: TOTAL IN-KIND C | ONTRIBUTIONS | 0 |

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 |
|--|-------------|---------|---------|--------|
| | None | | | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line $7 \rightarrow$ Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | |

Page 4