



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

| of Massachusetts   | File with: City or Town Clerk or Election Commission  |
|--|---|
| Fill in Reporting Period dates: Beginning Date:  | Ending Date: NEW TOWN MASS  |
| Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election  | ☐ 30 day after election   |
|  | Excellent Schools for our Kinds   |
| Candidate Full Name (if applicable)  | Committee Name  |
|  | Emily Prenner   |
| Office Sought and District   | Name of Committee Treasurer   |
|  | 189 Carlton Rd  |
| Residential Address  | Committee Mailing Address   |
| Telephone Number (optional):   | Telephone Number (optional):  |
| SUMMARY BALAN  | CE INFORMATION:   |
| SUMMANT BADAN  | CE INTORMATION.   |
| Line 1: Ending Balance from previous report  | F9.17.  |
| Line 2: Total receipts this period (page 3, line 11  | 1) / / / / / / / / / / / / / / / / / / /  |
| Line 3: Subtotal (line 1 plus line 2)  | 74.17.  |
| Line 4: Total expenditures this period (page 5, li   | ne 14) O.   |
| Line 5: Ending Balance (line 3 minus line 4)   | 74.17   |
| Line 6: Total in-kind contributions this period (p   | page 6)   |
| Line 7: Total (all) outstanding liabilities (page 7)   |   |
| Line 8: Name of bank(s) used:  | Cash  |
| Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the be 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 i Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 to activity 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 a | d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 112213   |
| incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing. 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 all persons acting under the authority or on behalf of the  | separate report  he best of my knowledge and belief, a true and complete statement of all campaign  tts, in-kind contributions and liabilities for this reporting period and represents the  his committee in accordance with the requirements of M.G.L. c. 55. |
| n a la l  | (Candidate's signature) Date:   |

#### **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) |
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|                      |  |        |  |
| ine 9: Total Receipt | s over \$50 (or listed above)                                | 0      |  |
| ne 10: Total Receip  | ts \$50 and under* (not listed above)                        | 0      |  |
| ine 11: TOTAL RE     | CEIPTS IN THE PERIOD   |        | ← Enter on page 1, line 2                                  |

#### SCHEDULE A: RECEIPTS (continued)

| Date Received        | Name and Residential Address (alphabetical listing required) | Amount            | Occupation & Employer (for contributions of \$200 or more) |
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| Line 9: Total Recei  | pts over \$50 (or listed above)                              | 0                 |  |
|                      | ipts \$50 and under* (not listed above)                      | 0                 |  |
| Line 11: TOTAL R     | ECEIPTS IN THE PERIOD  | 0                 | Enter on page 1, line 2                                    |
| If you have itemized | receipts of \$50 and under, include them in lin              | e 9. Line 10 show | uld 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

| Date Paid | To Whom Paid (alphabetical listing) | Address                          | Purpose of Expenditure        | Amount |
|-----------|-------------------------------------|----------------------------------|-------------------------------|--------|
|           |                                     |                                  |                               |        |
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|           |                                     |                                  |                               |        |
|           |                                     |                                  |                               |        |
|           |                                     | Line 12: Total Expenditures ove  | r \$50 (or listed above)      |        |
|           |                                     | Line 13: Total Expenditures \$50 | and under* (not listed above) | Q      |
|           | Enter on page 1, line 4 →           | Line 14: TOTAL EXPENDITU         | RES IN THE PERIOD             |        |

<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

# SCHEDULE B: EXPENDITURES (continued)

| To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure   | Amount   |
|-------------------------------------|---------|--|--|
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|                                     |         | A Company of the Comp |  |
|                                     |         | Line 12: Expenditures over \$56 Line 13: Expenditures \$50 and   | (alphabetical listing)  Address Purpose of Expenditure |

<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 |
|---------------|---------------------------|--------------------------------|---------------------------------|-------|
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|               |                           |                                |                                 | :     |
|               |                           | 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 → | Line 17: TOTAL IN-KIND CO      | ONTRIBUTIONS                    |       |

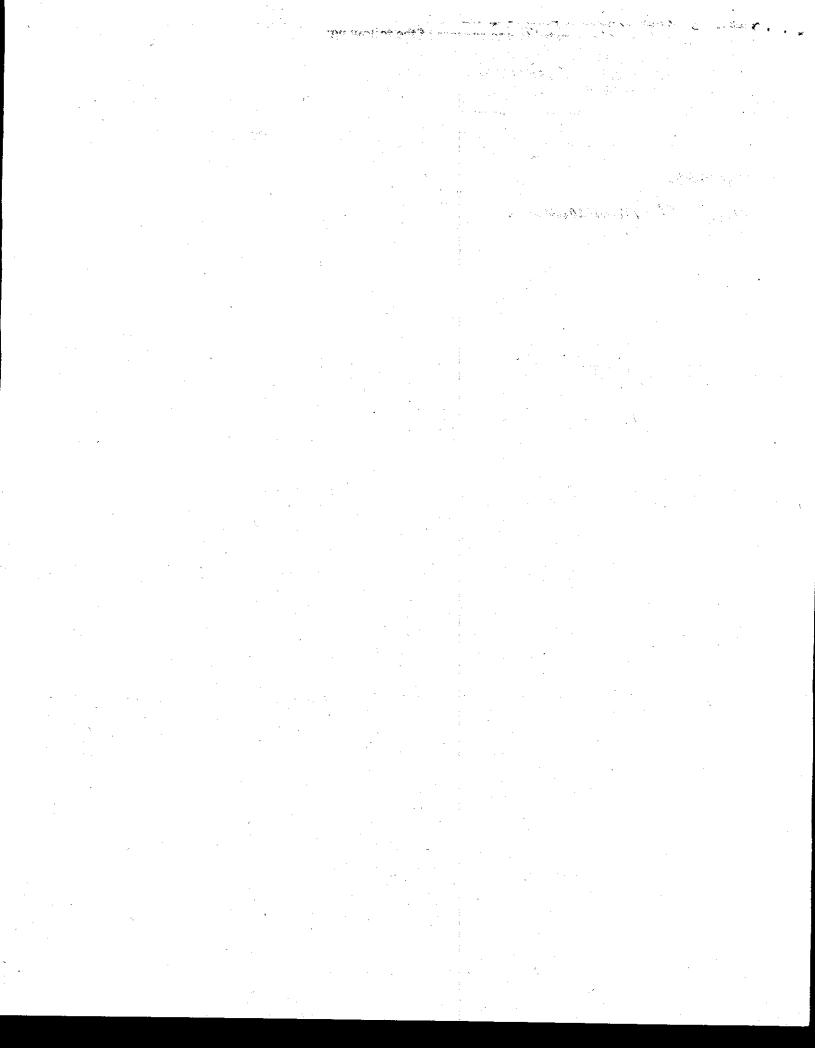
<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

### 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 |
|---------------|---------------------------|------------------------|------------------------|--------|
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|               |                           |                        |                        |        |
|               | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAN | DING LIABILITIES (ALL) |        |





# Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance.

| mmonwealth:<br>Massachusetts   |   | 200 Oct 200 A  |  |
|--|---|--|--|
| le with:<br>ty or Town Clerk or Election Commission — Please print or type all in  | formation, except sig   | natures.   |  |
| Fill in dates: Month Date Y  | er<br>ÖlÖ Ending  | Month Date S   | 7 Years 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2        |
| Type of report: (Check one)  8th day preceding preliminary.  8th day preceding election  | on a 🖽 30 day after e   | lection Vycar-end report   | dissolution  |
| Full Name of Candidate (if applicable)   | 6 0   | Schools for our Committee Name CONNECT   | Eds:   |
| Office Sought and District  Residential Address  | 189 Cacl  | e of Committee Treasurer<br>Lon Red Webow<br>nmittee Mailing Address   | <u> 1446</u> 4468                                    |
| Tel: No. (optional)  |   | Tel: No.   | (optional)   |
| Line 1: Ending balance from proceeding 2: Total receipts this period Line 3: Subtotal (line I plus line 2)  Line 4: Total expenditures this I Line 5: Ending balance (line 3 minuted)  Line 6: Total in kind contribution  Line 7: Total (all) outstanding lial  Line 8: Name of bank(s) used  | evious report d (page 2, line 11)  period (page 3, line 4) s this period (page 3)   | \$ 74 11<br>\$ 0<br>\$ 74 14<br>\$ 3<br>\$ 74 14   |  |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and campaign finance activity, including all contributions, loans, receipts, expe and represents the campaign finance activity of all persons acting under the M.G.E. c. 55.  Signed under the penaltic Treasurer's signature (in ink)   | nditures, disbursements, i<br>he authority or on behalf   | n-king continuitions and haddines  | tol mis tebotting berion I                           |
| FOR CANDIDATE FILINGS O  Affidavit of Candidate: (check I: box only)  Candidate with Committee and no activity independent of the committee and no activity independent of the committee and no activity independent of the committee ampaign finance activity. of all persons acting under the authority or o have not received any contributions, incurred any liabilities nor made any Candidate without Committee OR Candidate with independent activity that I: have examined this report including attached schedules an campaign finance activity; including contributions, loans, receipts, expen  | uittee<br>d it is, to the best of my<br>n behalf of this commit<br>expenditures on my behal<br>ivity filing separate repe<br>d it is, to the best of my<br>differs disbursements in | knowledge and belief, a true and co<br>ee in accordance with the requirem<br>during this reporting period.   | omplete statement of all<br>or this reporting period |
| campaign innance activity of all persons acting under the person of the campaign finance activity of all persons acting under the person of th | the authority or on benait  | of this committee in accordance of this committee in accordance of the committee in accordanc | vith the requirements of                             |

#### CHADULE AS RECARES

M.G.L.c=55 requires that the mame 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. Pla ase include your committee name and a page

| number on each  Date                                 | Name and Residential Address   | Amount | Occupation & Employer   |          |
|--|--|--------|---|----------|
| Received   | (alphabetical listing required)  |        | (for contributions of \$200 or more)  |          |
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| Line 9: Tota   | al receipts in excess of \$50 (or listed/above)  |        |   |          |
| 1 . 10 T   | 1 000  |        |   | •        |
|  | Il receipts \$50 and under (not listed above)  |        |   |          |
| Line 11: TU  | TAL RECEIPTS IN THE PERIOD   |        | Enter on page 1, line 2   |          |

<sup>\*</sup> If you have itemized receipts of \$50 and under include them finding 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:

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

| ımber on eac<br>Date Paid | To Whom Paid            | Address  | Purpose of Expenditure         | Amount           |
|---------------------------|-------------------------|--|--------------------------------|------------------|
|                           | (alphabetical listing)  |  |                                |                  |
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|                           |                         |  | 2: Expenditures over \$50      | a Paces said 1.6 |
|                           |                         | The second secon | 3: Expenditures \$50 and unde  |                  |
|                           | Enter on page 1, line 4 | Line   | 14:TOTAL EXPENDITURE           | S                |

<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.

#### SOLEDULE CE MINERANDA 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.

| Date<br>Received | From Whom Received?     | Residental Address | Description of Contribution                  | Value   |
|------------------|-------------------------|--------------------|--|---------|
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|                  |                         |                    | In-kind over \$50.<br>In-kind \$50 and under |         |
|                  | Enter on page 1, line 6 | 12tne 1878         | llotal linkind                               |         |

<sup>\*</sup> If an in-kind-contribution is received from a person who contributes more than SIO 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.

#### SCHEDULEDS LIVERLITIES

M.G.L. c. \$5 requires committees to report ALLS liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date<br>ncurred | - To Whom Due  | Avidiress              | Purpose               | Amount |
|-----------------|--|------------------------|-----------------------|--------|
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|                 | THE STATE OF THE S |                        | History and the later |        |
|                 |  |                        |                       |        |
|                 | nter on page 11 line 7   | -Une 18: OUTSTANDING I | LABILITIES (ALL)      |        |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.



# Form CPF M 102: Campaign Finance Report

Municipal Form

| Office of Campalg   | n and Political Finance   | BOARD OF ELECTION  |
|---|---|--|
| Massachusetts e with: by or Town Clerk or Election Commission Please print or type all in   | formation, except sig   | 2010 JAN 20 Å 8 51   |
| Fill in dates: Month Pole Ye Reporting Period Beginning 10人は中人の名  | Ending  | Month Date Year  |
| Type of report: (Check one)  ☐ 8th day preceding preliminary. ☐ 8th day preceding election  | on 30 day after o   | election Xyear-end report dissolution  |
|   | Excellent   | Schools for Our Isids  |
| - Full Name of Candidate (if applicable)  |   | Committee Name   |
| Office Sought and District  | Emily   | e of Committee Treasurer   |
| <u>*</u>  | 189 Carlton   | Pa. Waban 19 A-02468   |
| Residential Address   | Co  | mmittee Mailing Address  |
| Tel. No. (optional)   |   | Tel: No: (optional)  |
| Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used   | period (page 3, lins line 4) s this period (page 4)                     | \$ <u>34:17</u>  |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and campaign finance activity, including all contributions, loans, receipts, experiand represents the campaign finance activity of all persons acting under the M.G.L. c. 55:  Signed under the penaltic treasurer's signed under the | iditures, disbursements, i<br>e authority or on behalf<br>s of perjury: | in-kind contributions and liabilities for this reporting per of this committee in accordance with the requirements |
| <u>FOR CANDIDATE FILINGS O</u>  | NLY: (CANDIDATE   | MUST SIGN BELOW)   |
| Affidavit of Candidate: (check I box only)  Candidate with Committee and no activity independent of the comm I certify that I have examined this report including attached schedules and campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any e  | it is, to the best of my behalf of this committe                        | ee in accordance with the requirements of M.G.L. C. 33.  |

Signed under the penalties of perjury:

Description of the complete o

Candidate signature (in ink)

#### SCHOOLE AS RECEIVES

M.G. L. c. 55 requires that the name analyssidential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees missificep detailed accounts and receipts 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 accalendaryear.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

| umber on each p        |   |        |  |
|------------------------|---|--------|--|
| Date Received          | Namezndi Residentiat Address<br>(alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
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| ine 9: Total i         | eceipts:in/excess/of:\$50:(or-listed/above)                     |        |  |
|                        | eceipts \$50 and unider (northsted above)                       |        |  |
| A CONTRACTOR OF STREET | ERECTIVE STRUCTURE (TO ALTER STRONG)                            | 560 60 | 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.

Page 2

CONTRACTOR STANCE

#### 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. CONTRACTOR STATE AND CONTRACT STREET, SO THE STATE OF THE

This page may be copied if additional pages are required to report all expenditures.

Please include your committee name and a page

| umber on each  Date Paid | To Whom Paid<br>(alphabetical listing)  | Address  | Pur | ose of Expenditure                         | Amo  | unt           |
|--------------------------|---|--|-----|--|--|---------------|
| 1110/09                  | Signal Graphics   | HUL CENTRESTI<br>Newton, MA  | Co  | pies :                                     | 250  | 89            |
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|                          | Enter on page it line 4   | and the second s |     | nditures \$50 and under<br>AL EXPENDITURES | the Committee of the Co | 19:41<br>8:31 |

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

#### SCHEDURE CE WIND CONTRIBUTIONS

Please itemize contributors who have made inclain to contributions of more than \$50. Inclain to contributions \$50 and under may be added together from the committees records and included incline 1/6.

| Date<br>Received | From Whom Received!     | Rosidonial Address 🗼 | Description of<br>Contribution | Value |
|------------------|-------------------------|----------------------|--------------------------------|-------|
|                  |                         |                      | And Experience of the          |       |
| ***              |                         |                      |                                |       |
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|                  |                         |                      |                                |       |
|                  |                         |                      |                                |       |
|                  |                         | Line 15a             | In-kind over \$50.             | -0    |
| and the          |                         | Line 16:             | Instinct 850 and under         | 0     |
|                  | Enter on page 1. line 6 | Line 178             | Total in ekind                 | 6     |

<sup>\*</sup> If an in-kind contribution spreceived 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.

#### SCHEDULED: LIABIUMES.

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.

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This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M101 PC: STATEMENT OF ORGANIZATION POLITICAL ACTION COMMITTEE MUNICIPAL FORM

| of Massachusetts                                       | Office of Campaign and Political Finance   | <u> </u>            |
|--|--|---------------------|
| File with:<br>City or Town Clerk or Election C         | ommission  |                     |
| NOTICE IS HEREBY GI political action committee         | VEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organizat as follows:  | ion of a            |
| 1. Name: (see note 1)                                  | Excellent Schools for Our Kids PAC   |                     |
|  |  | <u> </u>            |
| 2. Address:  | 189 Carlton Road Walson MA 02468= 3 33   | <u>}</u>            |
| 2a. Mailing Address:                                   | same Newton &  | <u>a</u><br>Book as |
| 3. Purpose: (see note 2)                               | to elect excellent candidates to the Dehool & Committee November 3, 2009.  | er on               |
| 3a. Specific issues and interests:                     |  |                     |
| and interests.   | excellent education in Newton  |                     |
|  | Name Residential Address Zip Tel. No.  |                     |
| 4. Officers: (see note 3) Chairman:                    | 55 mossfield Newm MR 02468 617   | .969-67<br>0897     |
| Treasurer: Other officer:                              | Emily Prenner 189 Carlton Rd. Newbon min 00468 (17.969.  |                     |
| Other officer:   | The state of the s |                     |
|  | Attach additional page, if necessary, with other officers and finance committee, if any  | i ng                |
| political committee shall<br>relevant election; no exp | arer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treat level and preserve detailed accounts, vouchers and receipts for a period of six years from the denditures shall be made for, or on behalf of, a political committee without the authorization of the ignated agents; and, that all funds of a political committee shall be kept separate from any personal associates of such committee.   | chairman            |
| any officers, inclines of                              | as it as a sharp named committee. I am aware that a ca   | ndidate or          |
|  | I hereby accept the office of Chairman of the acovernance committee except as authorized elected official may not serve as chairman of a political action committee except as authorized c. 55, s. 5A.   | by M.G.L.           |
|  | SIGNED UNDER THE PENALTIES OF PERJURY.  10/30/09   |                     |
|  | Chairman signature Date  | n subject to        |
|  | I hereby accept the office of treasurer of the above-named committee. I understand that I am certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finar certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finar I am aware that an appointed public employee may not serve as treasurer of a political action   | ittee. I am         |
|  | I am aware that an appointed public employee may not serve as treasurer of a political action also aware that a candidate or elected official may not serve as treasurer of a political action except as authorized by M.G.L. c. 55, s. 5A.  SIGNED UNDER THE PENALTIES OF PERJURY,  | Committee           |
|  | emily P. 10/30/09  | i<br>Xes            |
| The second second second                               | Treasurer's signature Date   | e :                 |