

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| Fill in Reporting Period dates: Beginning Date: Oct. 21, 2011 Ending Date: Dev. 31, 2011 |
|--|
| Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution |
| Candidate Full Name (if applicable) Ward Alder man, Ward 4 Office Sought and District Telephone Number (optional): 617-519-5133 Committee to Elect Vay Harney Committee to Elect Vay Harney Committee Name Committee to Elect Vay Harney Committee Name Committee to Elect Vay Harney Committee Name Possible M. Leith Name of Committee Treasurer Committee Name Tolszilla M. Leith Name of Committee Treasurer Committee Name Tolszilla M. Leith Name of Committee Treasurer Committee Name Tolszilla M. Leith Name of Committee Treasurer Committee Name Telephone Number (optional): 617-969-6837 |
| SUMMARY BALANCE 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) 4224.77 |
| Line 4: Total expenditures this period (page 5, line 14) |
| Line 5: Ending Balance (line 3 minus line 4) 4224,77 |
| 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 Village Bank, 307 Auburn St., |
| 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 or behalf of this continuitee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: 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: 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) |
|---|--|--------|--|
| | NONE | 0 | (101 contributions of \$200 or more) |
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| Line 9: Total Receip | ots over \$50 (or listed above) | 0 | |
| Line 10: Total Receip | ots \$50 and under* (not listed above) | 0 | The the second of the second of |
| | ECEIPTS IN THE PERIOD | 0 | ← 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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| ine 9: Total Recei | pts over \$50 (or listed above) | | The transport of the second of |
| ine 10: Total Rece | ipts \$50 and under* (not listed above) | | Control of the same of the same |
| ine 11: TOTAL F | 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.)

| | To Whom Paid | mittee name and a page number on e | [,B.,.) | |
|-----------|---------------------------|-------------------------------------|------------------------------|--------------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| - | None | | | |
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| | n i | Line 12: Total Expenditures over \$ | \$50 (or listed above) | 0 |
| | | Line 13: Total Expenditures \$50 an | nd under* (not listed above) | 0 |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDITUR | RES IN THE PERIOD | 0 |

^{*} 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 | Durmage of Francisch | |
|-----------|--|--|------------------------|--------|
| Diretura | (inplianted institute) | Address | Purpose of Expenditure | Amount |
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| | and the second s | Line 12: Expenditures over \$50 | O (or listed above) | |
| | | Line 13: Expenditures \$50 and | | |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDIT | TURES 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 |
|---------------|---------------------------|--------------------------------|-----------------------------|----------------|
| | None | | | 0 |
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| | | Line 15: In-Kind Contributions | over \$50 (or listed above) | 0 |
| | | Line 16: In-Kind Contributions | | 0 |
| * YC | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND CO | L | 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

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



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| Massachusetts |
|--|
| City or Town Clerk or Election Commission Please print or type all information, except signatures. |
| Fill in dates: Reporting Period Beginning 10(L1/11) Ending Month Period Beginning 10(L1/11) Ending Month 12/3/11(2) E |
| Type of report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-endeport dissolution |
| William Heh Comtre 4 Elet with Heal |
| Full Name of Candidate (if applicable) Committee Name Soule Yorung |
| Office Sought and District Name of Committee Treasurer |
| Residential Address 32 Oldhu Mod O2465 Committee Mailing Address |
| Tel. No. (optional) |
| SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Only 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 or campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period (page 4) M.G.L. c. 55. |
| Treasurer's signature (in ink) Sande Young |
| 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 the best of my knowledge and belief, a true and complete statement of 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 campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting per and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements M.G.L. c. 55. Signed under the penalties of perjury: Candidate signature (in ink) 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.

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.

| Date Received | | ne and Residential Address habetical listing required) | Amount | | Occupation & Employer (for contributions of \$200 or more) |
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| | . / | in excess of \$50 (or listed above) | | | |
| Line 10: | Total receipts | \$\$50 and under* (not listed above) | | | |
| Line 11: | TOTAL REC | CEIPTS 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.

This page may be copied 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 | Amo | unt |
|-----------|-------------------------------------|----------|------------------------------|-----|-----|
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| — — И | | | Expenditures over \$50 | | |
| | | Line 13: | Expenditures \$50 and under* | | |
| | Enter on page 1, line 4 | Line 14 | :TOTAL EXPENDITURES | | |

^{*}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.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|------------------|-------------------------|---------------------|-----------------------------|-------|
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| | | | | |
| | | Line 15: | In-kind over \$50 | |
| | | Line 16: | In-kind \$50 and under | |
| | Enter on page 1, line 6 | Line 17: | Total In-kind | |

^{*} 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 |
|------------------|------------------------|----------------------|-------------------|-----------------------------|
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| Er | iter on page 1, line 7 | Line 18: OUTSTANDING | LIABILITIES (ALL) | distribution and the second |

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 M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| Type of report: Year-end Ted Hess-Mahan Full Name of Candidate Alderman-at-Large, Ward 3 Office Sought/ District | Ending: 12/31/2011 |
|--|--|
| Ted Hess-Mahan Full Name of Candidate Alderman-at-Large, Ward 3 Office Sought/ District | |
| Full Name of Candidate Alderman-at-Large, Ward 3 Office Sought/ District | TON NOT |
| Full Name of Candidate Alderman-at-Large, Ward 3 Office Sought/ District | Committee to Elect Ted Ress-Mahar |
| Office Sought/ District | Committee Name |
| Office Sought/ District | Kenneth Wolff |
| 071 Waterbase Charles | Name of Committee Treasurer |
| 871 Watertown Street | 871 Watertown Street |
| Newton, MA 02465 | Newton, MA 02465 |
| Residential Address | Committee Address |
| | |
| SUMMARY BALANCE I | |
| Ending Balance from previous report: | \$238.04 |
| Total receipts this period: | \$0.00 |
| Subtotal: | \$238.04 |
| Total expenditures this period: | \$0.00 |
| Ending Balance: | \$238.04 |
| Total inkind contributions this peri | od: \$0.00 |
| Total outstanding liabilities: | \$3,692.04 |
| Name of bank(s) used: The Village | a Bank |
| Affidavit of Committee Treasurer: I certify that I have examined this report, including attached sched belief, a true and complete statement of all campaign finance activity expenditures, disbursements, inkind contributions and liabilities for finance activity of all persons acting under the authority or on behave requirements of M.G.L. c. 55. Signed under the penalties of perjury: | ty including all contributions, loans, receipts, |
| Kenthwalf | 1.11.12 |
| Treasurer's signature (in ink) | Date |
| Affidavit of Candidate (check 1 box only) : | ···· |
| Candidate with Committee and no activity independent of I certify that I have examined this report, and attached schedules at true and complete statement of all campaign finance activity, of all this committee in accordance with the requirements of M.G.L. c. 55. I any liabilities nor made any expenditures on my behalf during this re | and it is, to the best of my knowledge and belief, a persons acting under the authority or on behalf of I have not received any contributions, incurred |
| Candidate without Committee OR candidate with independent certify that I have examined this report and attached schedules and a true and complete statement of all campaign finance activity included industry included in the contributions and liabilities for this reportificance activity of all persons acting under the authority or on behavior equirements of M.G.L. c. 55. | at activity filing separate report. d it is, to the best of my knowledge and belief, ding contributions, loans, receipts, expenditures, ng period and represents the campaign |
| Signed under the penalties of perjury: | 1/17/2012 |

Hess Mahan

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 | Name and Residential Address | Amount | Occupation and Employer |
|------|--|----------------------------|-------------------------|
| | ized Receipts emized Receipts ipts | \$0.00 \$0.00 \$0.00 | |

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 over \$50 and under may be added together from committee records, and reported on line 13.

| Da | te Name and Address | Amount | Purpose |
|-------|--|----------------------------|---------|
| Total | Itemized Expenditures Unitemized Expenditures Expenditures | \$0.00 \$0.00 \$0.00 | |

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 Un | emized Inkind Contributions itemized Inkind Contributions kind Contributions | \$0.00 \$0.00 \$0.00 | |

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 |
|------------|--|------------|----------------|
| 6/10/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$87.94 | Candidate Loan |
| 6/10/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$67.50 | Candidate Loan |
| 5/25/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$9.43 | Candidate Loan |
| 5/21/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$222.00 | Candidate Loan |
| 5/23/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$28.06 | Candidate Loan |
| 11/2/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$470.00 | Candidate Loan |
| 10/19/2007 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$1,500.00 | Candidate Loan |
| 6/11/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$7.00 | Candidate Loan |
| 6/11/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$31.96 | Candidate Loan |
| 6/11/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$11.15 | Candidate Loan |
| 8/27/2003 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$500.00 | Candidate Loan |

| • Date | To Whom Due | Amount | Purpose |
|-------------|--|------------|----------------|
| 9/6/2003 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$38.16 | Candidate Loan |
| 6/21/2003 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$100.00 | Candidate Loan |
| 5/23/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$250.00 | Candidate Loan |
| 6/16/2003 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$80.00 | Candidate Loan |
| 5/20/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$10.49 | Candidate Loan |
| 5/21/2005 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$58.78 | Candidate Loan |
| 5/24/2004 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$105.00 | Candidate Loan |
| 9/6/2003 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$79.95 | Candidate Loan |
| 10/17/2003 | Ted Hess-Mahan 871 Watertown Street Newton, MA 02465 | \$34.62 | Candidate Loan |
| Total Outst | anding Liabilities | \$3,692.04 | |



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Fin

| Commonwealth f Massachusetts |
|---|
| File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. |
| Fill in dates: Reporting Period Beginning 10 21 2011 Ending 12 31 7 2015 |
| Type of report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election vear-end report dissolution |
| Full Name of Candidate (if applicable) SCHOOL COMMITTEE WARD 7 COMMITTEE TO ELECT MATT HELLS 2 Committee Name DETER MCKELSET |
| - I Company |
| Office Sought and District Name of Committee Treasurer |
| Residential Address Residential Address Committee Mailing Address |
| 617-630-9862 617-964-0480 |
| Tel. No. (optional) |
| SUMMARY BALANCE INFORMATION: |
| Line 1: Ending balance from previous report \$ 50.81 |
| Line 2: Total receipts this period (page 2, line 11) |
| Line 3: Subtotal (line 1 plus line 2) \$ 50.81 |
| Line 4: Total expenditures this period (page 3, line 14) \$ 14,97 |
| Line 5: Ending balance (line 3 minus line 4) \$ 35.84 |
| Line 6: Total in-kind contributions this period (page 4) \$ |
| Line 7: Total (all) outstanding liabilities (page 4) |
| Line 8: Name of bank(s) used THE VILLAGE 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. Treasurer'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 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: |
| Candidate signature (in ink) 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.

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.

| Date Received | Name and Residential Address (alphabetical listing required) | Amo | unt | Occupation & Employer (for contributions of \$200 or more) |
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| Line 9: To | otal receipts in excess of \$50 (or listed above) | | | |
| Line 10: To | otal receipts \$50 and under* (not listed above) | | , | |
| ine 11: TO | OTAL RECEIPTS IN THE PERIOD | do | 6 | 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.

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

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amou | int |
|-----------|-------------------------------------|--|--|------|------|
| 10/27/11 | GO DADOT | 14457 N. HAYDENA) SUTTE ZIG SCOTTSDATE, AZ, 8526 | WEB HOSTING | 4 | 99 |
| 11/27/11 | GO DADDY | 11 | 11 | 4 | 99 |
| 12/27/11 | GO DADDY | 10 | L(| 4 | 79 |
| | alto III | | | | |
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| | | | | | |
| | | | Expenditures over \$50 | ф | \$\$ |
| | | | : Expenditures \$50 and under* | 14 | 97 |
| | Enter on page 1, line 4 | | 1: TOTAL EXPENDITURES 12 Line 13 should include only | 14 | 97 |

^{*}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.

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

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|------------------|-------------------------|---------------------|-----------------------------|-------|
| | | | | |
| | | | | |
| | | NIA | * ** | |
| , | | | | |
| | | Line 15: I | n-kind over \$50 | |
| | | Line 16: I | n-kind \$50 and under | , |
| | Enter on page 1, line 6 | Line 17: 7 | Total In-kind | 1 |

^{*} 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 Pu | irpose Amount |
|------------------|-----------------------|--------------------------------|---------------|
| | | | |
| | | | |
| | | 01/4 | |
| | | INIT | |
| | | | |
| En | ter on page 1, line 7 | Line 18: OUTSTANDING LIABILITI | ES (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.

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