



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: 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="1,330.57"/> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text" value="3,925"/> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text" value="5,255.57"/> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text" value="2,048.78"/> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text" value="3,206.79"/> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text" value="700"/> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text" value="19,252.06"/> |
| Line 8: Name of bank(s) used: | <input type="text" value="Eastern Bank"/> |

RECEIVED
 CITY CLERKS OFFICE
 2015 OCT 27 P 3:35
 TAUNTON, MA
 CITY CLERK

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: (Treasurer's signature) Date:

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: (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) |
|--|---|--------------|---|
| Oct 10, 2015 | Darosa, Keith 15 Youngs Way Stoughton, MA 02072 | 500 | Sent Letter 10-26-15 |
| Oct 10, 2015 | Dziekiewicz, Maryann 300 Fernquest Dr. Taunton, MA 02780 | 200 | Retired |
| Oct 9, 2015 | Feodoroff, Richard 50 Brentwood Dr. Easton, MA 02356 | 100 | |
| Oct 10, 2015 | Gregory, Charles III 1160 Lake Rd. Webster, NY 14580 | 500 | Sent Letter 10-26-15 |
| Oct 10, 2015 | Horvath, Chris 209 Plain St. Taunton, MA 02780 | 100 | |
| Oct 9, 2015 | Lopes, Fana 28 Worcester St. Taunton, MA 02780 | 100 | |
| Oct 9, 2015 | Melo, Carlos 43 Taunton Green Taunton, MA 02780 | 100 | |
| Sep 26, 2015 | Orrall, Norman 120 Crooked Ln. Lakeville, MA 02347 | 100 | |
| Oct 10, 2015 | Souza, David 953 Burt St. Taunton, MA 02780 | 60 | |
| Oct 10, 2015 | TRCC Ward 4 192 Erin Rd. East Taunton, MA 02718 | 75 | |
| | | | |
| | | | |
| Line 9: Total Receipts over \$50 (or listed above) | | 1,835 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 2,090 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 3,925 | ← 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 |
|--|--|---------------------------------------|------------------------|-----------------|
| Oct 10, 2015 | Lafayette Function Hall | 18 Lakeview Ave. Taunton, MA 02780 | Hall Rental | 100 |
| Oct 8, 2015 | David Pottier | 42 Power St. Taunton, MA 02780 | Reimbursement (See R1) | 463.78 |
| Oct 10, 2015 | Tazz's BBQ & Pig Roast | 38 Linden St. Taunton, MA 02780 | Food for Event | 1,400 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 1,963.78 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 85 |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 2,048.78 |

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

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 |
|---------------------------|---------------|-----------------------------------|---|-----------|
| Previous Report | David Pottier | 42 Power St. Taunton, MA 02780 | From Previous Report | 19,252.06 |
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| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | 19,252.06 |

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance



Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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.

| | |
|---|---|
| | Date of Reimbursement: <input style="width: 90%;" type="text" value="Oct 8, 2015"/> |
| Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="David Pottler"/> | |
| Committee Name: <input style="width: 95%;" type="text" value="CTE David Pottler"/> | |
| CPF ID Number (if applicable): <input style="width: 200px;" type="text"/> | Telephone Number (optional): <input style="width: 200px;" type="text"/> |

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|------------------------------------|--------------------|---|---|----------|
| Sep 21, 2015 | Ticketprinting.com | P.O. Box 6934 22 South Central Avenue Harlowton, MT 59036 | Printing Tickets | \$108.28 |
| Sep 26, 2015 | Staples | 600 S St. W Raynham, MA 02767 | Copies - Invitations | \$104.57 |
| Sep 27, 2015 | Staples | 600 S St. W Raynham, MA 02767 | Mailing | \$250.93 |
| | | | | |
| | | | | |
| (Include items listed on Page 2) → | | | Line 1: Expenditures in excess of \$50 (itemized above): | 463.78 |
| | | | Line 2: Expenditures \$50 or under (not itemized): | |
| | | | Line 3: TOTAL AMOUNT REIMBURSED: | 463.78 |

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date: