



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

*Rec'd  
Taunton  
City Clerk's  
Office Jan 21  
2014*

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="97.54"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3200.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3297.54"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1966.97"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1330.57"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="134.10"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="19252.06"/>
Line 8: Name of bank(s) used:	<input type="text" value="Eastern 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:  (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)
10/24/13	Cobal Awad 66 Vernon St. Middleboro, MA 02346	100	
10/24/13	Veronica Casey 32 Stevens St. East Taunton, MA 02718	20	
10/22/13	Laurie Darosa PO Box 1177 Mattapoisett, MA 02739	300	Construction B&D Construction
10/22/13	John Greene 62 Cliff St. Plymouth, MA 02360	200	Consultant Adaptonic
10/23/13	Alan Hoban 5 Ledgewood Dr. Duxbury, MA 02332	100	
10/24/13	John Knowlton 84 Pearl St. Middleboro, MA 02346	100	
10/24/13	Nancilee LeMaire 12 Kilton St. Taunton, MA 02780	80	
10/24/13	Carlos Melo 43 Taunton Greene Taunton, MA 02780	100	
10/28/13	Joseph Rose 377 Tremont St. Taunton, MA 02780	200	Retired
10/24/13	Dominic Tigano 1701 County St East Taunton, MA 02718	100	
Line 9: Total Receipts over \$50 (or listed above)		1300	
Line 10: Total Receipts \$50 and under* (not listed above)		1900	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>3200</b>	← 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 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	Liability from Previous Report	19252.06
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	19252.06



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, 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:		10/30/13
Name of Individual Being Reimbursed:	David Pottier	
Committee Name:	CTE David Pottier	
CPF ID Number (if applicable):		Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/7/13	Post Office	Milk St. Station Boston, MA 02109	Stamps (Previous Liability)	92.00
10/7/13	Staples	25 Court St. Boston, MA 02108	Mailing Materials (Previous Liability)	47.78
10/8/13	Staples	600 South St. Raynham, MA 02768	Copies (Previous Liability)	28.69
10/14/13	WVBF	123 Broadway Taunton, MA 02780	Radio Ad (Previous Liability)	154.00
10/24/13	Tazz's BBQ	38 Linden St. Taunton, MA 02780	Food for Event	444.50

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	766.97
Line 2: Expenditures \$50 or under (not itemized):	100.00
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>866.97</b>

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date: 1-19-14

Please prepare a separate report for each reimbursement check issued by the committee.