Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Rec'd Clerk 1-29-16

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/16/15 Ending Date: 12/31/15

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

GERALD A. CROTEAU Candidate Full Name (if applicable)	COMMITTEE TO ELECT GERALD A CROTEAU Committee Name
TAUNTON CITY COUNCIL Office Sought and District	JOHN MORRISSEY Name of Committee Treasurer
570 TREMONT ST. TAUNTON, MASS. 02780 Residential Address	570 TREMONT ST TAUNTON MASS 02780 Committee Mailing Address
Telephone Number (optional): —	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	75.28
Line 2: Total receipts this period (page 3, line 11)	680.-
Line 3: Subtotal (line 1 plus line 2)	755.28
Line 4: Total expenditures this period (page 5, line 14)	-0-
Line 5: Ending Balance (line 3 minus line 4)	755.28
Line 6: Total in-kind contributions this period (page 6)	-0-
Line 7: Total (all) outstanding liabilities (page 7)	10,564.12
Line 8: Name of bank(s) used:	~~BAS~~ ROCKLAND TRUST

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: John E Morrissey (Treasurer's signature) Date: 1-29-16

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: Gerald A Croteau (Candidate's signature) Date: 1/29/16

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)
	(1) ABELSO, THEODORE JR. 1 State St. Suite 1100 Boston, MA 02109	100	
	(2) FEDERICO, JOSEPH 989 WEST ST. WALPOLE MASS 02081	100	
	(3) DAVID T. GAY 10 HOLLYHOCK KNOLL COURT BOURNE 02532	80	
	(4) PAUL TOURASI 1 CRANBERRY LANE LAKEVILLE MASS 02347	100	
	(5) RICHARD T. JOHNSON	200	
	(6) BARBARA LAUGHLIN 94 TITICUT RD. RAYNHAM MASS 02767	100	

Line 9: Total Receipts over $50 (or listed above)	680
Line 10: Total Receipts $50 and under* (not listed above)	—
Line 11: TOTAL RECEIPTS IN THE PERIOD	680 ← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)		
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD	— 0 —	← 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

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES 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	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **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.

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

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	— 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.

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
				$0.564.12
Enter on page 1, line 7 →	**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**			$0.564.12

Commonwealth of Massachusetts

Schedule E
Municipal Form
Disclosure of Assets Statement
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

CPF ID#_____

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name:_____ Date of report:_____

All candidates and committees must fill in Part A or Part B.

Part A:

☐ No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of $1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

_____

Candidate signature **Date**

Signed under the penalties of perjury:

_____

Treasurer signature **Date**

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

9/96

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
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: _____

Committee Name: _____ CPF ID #: _____

Amount of Reimbursement: _____

Date of Reimbursement: _____

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
		Expenditures in excess of $50 (listed above)		
		Expenditures $50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED		

Signed under the penalties of perjury:

_____

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

Formerly Form 203A

12/96