

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
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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
6/20/11	GERALD A. ROYER	570 TREMONT ST. TAUNTON, MASS. 02785	LOAN	\$10,000 -
Line 18: OUTSTANDING LIABILITIES (ALL)				\$10,000 -

Enter on page 1, line 7



Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: Director
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 OF \$50 OR MORE

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

Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued

