Commonwealth of Massachusetts

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

Rec'd 5-15-14 12/30

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2013 Ending Date: 12/31/2013

Type of Report: (Check one)

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

Ryan C. Colton
Candidate Full Name (if applicable)

Taunton Municipal Council
Office Sought and District

5 Dickinson Dr, Taunton
Residential Address

Telephone Number (optional): 774-766-0759

Committee to Elect Ryan Colton
Committee Name

John T. Colton
Name of Committee Treasurer

5 Dickinson Dr, Taunton
Committee Mailing Address

Telephone Number (optional): 774-766-0759

### SUMMARY BALANCE INFORMATION:

| | |
|---|---|
| **Line 1:** Ending Balance from previous report | $926.80 |
| **Line 2:** Total receipts this period (page 3, line 11) | $0 |
| **Line 3:** Subtotal (line 1 plus line 2) | $926.80 |
| **Line 4:** Total expenditures this period (page 5, line 14) | $926.80 |
| **Line 5:** Ending Balance (line 3 minus line 4) | |
| **Line 6:** Total in-kind contributions this period (page 6) | $0 |
| **Line 7:** Total (all) outstanding liabilities (page 7) | $0 |
| **Line 8:** Name of bank(s) used: | Webster 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:** John T Colton (Treasurer's signature) Date: 4/10/14

**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.

**I under the penalties of perjury:** Ryan C. Colton (Candidate's signature) Date: 4/10/14

# 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) |
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| Line 9: Total Receipts over $50 (or listed above) | $0 |
| Line 10: Total Receipts $50 and under* (not listed above) | $0 |
| **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 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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| 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** | | | ← 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 |
|---|---|---|---|---|
| 1/24/13 | TACC | | Tickets | $70 |
| 2/4/13 | TACC | | Tickets | $45 |
| 3/14/13 | CTE Joe Pacheco | Orchard St Raynham, MA | Contribution | $50 |
| 3/15/13 | Taunton Elks | 115 High St Taunton, MA | Tickets | $50 |
| 4/13/13 | Taunton Boys+Girls Club | Court St. Taunton, MA | Tickets | $120 |
| 4/16/13 | Hometown Talk Radio | Broadway Taunton, MA | Advertisement | $150 |
| 4/27/13 | Taunton Police Mutual Benefit | Summer St Taunton, MA | Tickets | $80 |
| Various | Webster Bank | Taunton, MA | Bank fees | $366.80 |
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|---|---|
| Line 12: Total Expenditures over $50 (or listed above) | $926.80 |
| Line 13: Total Expenditures $50 and under* (not listed above) | 0 |
| Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** | $926.80 |

* 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 |
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| | | Line 12: Expenditures over $50 (or listed above) | | |
| | | Line 13: Expenditures $50 and under* (not listed above) | | |
| | | **Line 14: TOTAL EXPENDITURES IN THE PERIOD** | | |

Enter on page 1, line 4 →

* 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 |
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| | | 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 |
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| Enter on page 1, line 7 → | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | $0 |

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<br>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<br>Include year, model or other identifying information, if applicable. | Date Acquired | Disposition to: Name and Address | Date and Manner of Disposition | Disposition Value<br>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

# 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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

**ITEMIZE EXPENDITURES IN EXCESS OF $50**

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|---|---|---|---|---|
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(Include items listed on Page 2) →

| | |
|---|---|
| Line 1: Expenditures in excess of $50 (itemized above): | |
| Line 2: Expenditures $50 or under (not itemized): | |
| **Line 3: TOTAL AMOUNT REIMBURSED:** | |

**Signed under the penalties of perjury:**

Signature of Candidate / Treasurer

Date:

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