



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
 Reporting Period Beginning 09 ^{Month} 10 ^{Date} 11 ^{Year} Ending 10 ^{Month} 21 ^{Date} 11 ^{Year}

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Dianne M. Huggon
 Full Name of Candidate (if applicable)
School Committee
 Office Sought and District
270 Segreganset Rd
 Residential Address
Taunton
 Tel. No. (optional)

CTE Dianne M. Huggon
 Committee Name
John S Huggon
 Name of Committee Treasurer
270 Segreganset Rd
 Committee Mailing Address
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 366.69
 Line 2: Total receipts this period (page 2, line 11) \$ 0
 Line 3: Subtotal (line 1 plus line 2) \$ 366.69
 Line 4: Total expenditures this period (page 3, line 14) \$ 50.00
 Line 5: Ending balance (line 3 minus line 4) \$ 316.69
 Line 6: Total in-kind contributions this period (page 4) \$ 0
 Line 7: Total (all) outstanding liabilities (page 4) \$ 0
 Line 8: Name of bank(s) used Sovereign

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:
[Signature] Date 10/31/11
 Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:
[Signature] Date 10/31/11
 Candidate signature (in ink)



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

Commonwealth
of Massachusetts

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: CTE Dianne M. Huggon Date of report: 10/31/11

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:

D. Huggon 10/31/11
Candidate signature Date

Signed under the penalties of perjury:

J. R. S. D. 10-31-11
Treasurer signature Date

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

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.

This page may be copied 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 in excess of \$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 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 |
|-------------------------|---------------------|---------------------|---------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line 6 | | | Line 15: In-kind over \$50 | |
| | | | Line 16: In-kind \$50 and under | |
| | | | Line 17: Total In-kind | — |

* 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: OUTSTANDING LIABILITIES (ALL) | — |

