



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

*Rec'd
City Clerk
1-20-15
@ 7:00
m*

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 11/1/14 Ending Date: 12/31/14

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)

TAUNTON, MA CITY COUNCIL
Office Sought and District

570 TREMONT ST. TAUNTON, MA
Residential Address

Telephone Number (optional): 508 824 5780

COMMITTEE TO RE-ELECT
Committee Name

JOHN HORRISSEY
Name of Committee Treasurer

570 TREMONT ST CITY
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>275.28</u>
Line 2: Total receipts this period (page 3, line 11)	<u>100 -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>375.28</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>—</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>375.28</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>40,432.12</u>
Line 8: Name of bank(s) used:	_____

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 Horrissey (Treasurer's signature) Date: 1/20/15

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: 1/20/15

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. CROTEAU	570 TREMONT ST. TAUNTON, MA 02789	CAMPAIGN LOAN	40,000
1/23/12	GERALD A. CROTEAU	570 TREMONT ST. TAUNTON, MA	CAMPAIGN LOAN	432.12
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	40432.12



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: COMMITTEE TO RE-ELECT Date of report: 4/9/15
GERALD A. CROTEAU
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:

Signed under the penalties of perjury:

Gerald A. Croteau 4/9/15
Candidate signature Date

John Cronin
Treasurer signature Date

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





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
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)			— 0 —
Expenditures \$50 and under (not listed above)			— 0 —
TOTAL AMOUNT REIMBURSED			— 0 —

Signed under the penalties of perjury:

A. G. ...

Signature of Candidate/Treasurer

4/9/15

Date

Please use a separate sheet for each reimbursement check issued.