### Davis, Debbie

From:	

vtsdmailer@vt-s.net on behalf of Contact form at Leicester MA <vtsdmailer@vt-s.net>

Sent:

Monday, December 11, 2017 9:12 AM

To:

Davis, Debbie

Subject:

[Leicester MA] Leicester Public Records Request (Sent by Judy Du, judyxdu95

@gmail.com)

Hello davisd,

Judy Du (judyxdu95@gmail.com) has sent you a message via your contact form (https://www.leicesterma.org/user/15701/contact) at Leicester MA.

If you don't want to receive such e-mails, you can change your settings at https://www.leicesterma.org/user/15701/edit.

Message:

Hi Deborah,

I hope all is well. This is a request under the Massachusetts Public Records Law (M. G. L. Chapter 66, Section 10). I am requesting that I be provided a copy of the following records:

2010-2017 Town Election Results (broken down by precincts): I am specifically seeking results for selectman and school committee.

2010-2017 Campaign Finance Reports (for everyone who ran selectman and school committee): To elaborate, if three individuals ran for selectman in 2010, I would like to have all of their campaign finance reports. However, I am only interested in candidates who have fundraising activity throughout their campaign run.

I recognize that you may charge reasonable costs for copies, as well as for personnel time needed to comply with this request. Before you begin procuring the requested records, can you provide me an estimate fee for the election results and campaign finance reports separately?

The Public Records Law requires you to provide me with a written response within 10 business days. If you cannot comply with my request, you are statutorily required to provide an explanation in writing.

Best, Judy

### TOWN OF LEICESTER

ANNUAL TOWN ELECTION June 8, 2010

The following are the results of the votes cast in the Annual Town Election on Monday, June 8, 2010.

	Precinct	One	Two	Three	Four	Total
SELECTMAN	Three years		Vote for ONE		404	333
Peter J. Antanavica		96	57	56	124	
*Sandra M. Wilson		136	112	139	231	618
Others		4	1	1	1	7
Blanks		9	5	4	9	27
MODERATOR	Three years		Vote for ONE			
*Donald A. Cherry, Jr.		193		169	287	791
Others		2		0	0	4
Blanks		50	31	31	78	190
ASSESSOR	Three years	<b>;</b>	Vote for One			
*Michael L. DellaCava, Sr.†		172		151	255	707
Others		2		1	0	4
Blanks		71	45	48	110	274
SCHOOL COMMITTEE	Three years	3	Vote for TW0	<b>o</b>		
Harry R. Brooks	-	87	67	55	159	368
*Scott F. Broskey		143	90	117	220	570
*Deborah J. LaBombard		111	63	84	119	377
David P. Whitworth, Jr.		71	47	81	84	283
Others		1	0	0	0	1
Blanks		77		63	148	371
BOARD OF HEALTH	Three years	3	Vote for One	<b>:</b>		
*Robin A. Wood†		175	134	159	269	737
Others		2		1	1	5
Blanks		68		40	95	243
PLANNING BOARD	Three years	3	Vote for ONI	Ξ.		
*John J. McNaboe, Jr.†	,	160	120	152	249	681
Others		5	3	0	1	9
Blanks		80		48	115	295
PUBLIC LIBRARY TRUSTEE	Three years	S	Vote for not	more than	Two	
*Judith A. Bergin†	, , , , , , , , , , , , , , , , , , ,	152		142	223	636
*Ernestine A. Cherry†		143		145	232	638
Others		1	_	1	0	2
Blanks		194		112	275	694
MOOSE HILL WATER COMMISSION	ON Three ve	ars	Vote for One	÷		
*Ruth L. Kaminski		163		156	246	700
Others			3 0	1	2	6
Blanks		79		43	117	279

### ANNUAL TOWN ELECTION June 8, 2010

	Precinct	One	Two	Three	Four	Total
HOUSING AUTHORITY	Five years		Vote for One		193	551
*Robert A. Small†		136	95	127		
Doreen C. Kupstas		47	33	27	76	183
Kat Riley		21	15	20	38	94
Others		3	2	2	2	9
Blanks		38	30	24	56	148
TOTAL votes cast by precinct were		245	175	200	365	985

<sup>\*</sup> Denotes winner

<sup>†</sup> Denotes candidate for re-election



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

RECEIVED

2011 JAN 20 AM 10: 08

File with:

Cit

TOWN CLEAR'S OFFICE

or Town Clerk or Election Commission Flease print of type an in	LEIGE 2 I EIG. 1 Inc.
Fill in dates:  Leporting Period Beginning 6 14 c	2010 Ending 1 2e 2011
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	on □30 day after election □ year-end report □ dissolution
Harry R Brooks	Dawn M Brooks
Full Name of Candidate (if applicable) School Comm; Hel	2 Wesley DR Lexusler
Office Sought and District  2 4 6 14 DIL Leit Ster	Name of Committee Treasurer
Residential Address	Committee Mailing Address 7.
Tel. No. (optional)	Tel. No. (optional)
. a	d (page 2, line 11)  speriod (page 3, line 14)  s this period (page 4)  s this period (page 4)  s this period (page 4)  d it is, to the best of my knowledge and belief, a true and complete statement of a enditures, disbursements, in-kind contributions and liabilities for this reporting periods authority or on behalf of this committee in accordance with the requirements.
FOR CANDIDATE FILINGS O	ONLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or o have not received any contributions, incurred any liabilities nor made any   Candidate without Committee OR Candidate with independent act  I certify that I have examined this report including attached schedules an	In behalf of this committee in accordance with the requirements of M.G.L. c. 55.  expenditures on my behalf during this reporting period.  divity filing separate report  dit is, to the best of my knowledge and belief, a true and complete statement of all  ditures, disbursements, in-kind contributions and liabilities for this reporting period  the authority or on behalf of this committee in accordance with the requirements of

### 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

Date Received			Occupation & Employer (for contributions of \$200 or more)
	,		
**			
	·		·
		·	
-			
	·		
-			
	Total receipts in excess of \$50 (or listed above)		
	Total receipts \$50 and under* (not listed above)  TOTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

umber on each  Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
·				
				· · · · · · · · · · · · · · · · · · ·
				:
-				
			2. Evenditures over \$50	
			2: Expenditures over \$50  3: Expenditures \$50 and under*	
•	Enter on page 1, line 4		14: TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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

Date Received	the committee's records and include From Whom Received*	Residential Address	Description of Contribution	Value
-			5: In-kind over \$50	
	Enter on page 1, line 6		6: In-kind \$50 and under  7: Total In-kind	

<sup>\*</sup> 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	To Whom Due	Address	Purpose	Amount
Incurred				
·	·			
,				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



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

RECEIVED

2011 JAN 25 AM 10: 15

T-11	

Cit

TOWN CLERK'S OFFICE

or Town Clerk or Election Commission Please print or type all informs	LEICESTER, MASS.
Fill in dates:  Apporting Period Beginning MAy 31 2010	Ending December 31 2010
ype of report: (Check one) 18th day preceding preliminary □8th day preceding election	□30 day after election □ year-end report □ dissolution
Scott Frank Broskey	
Full Name of Candidate (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANC	E INFORMATION:
Line 1: Ending balance from previous	
Line 2: Total receipts this period (pa	
Line 3: Subtotal (line 1 plus line 2)	\$ &
Line 4: Total expenditures this per	
Line 5: Ending balance (line 3 minus line	
Line 6: Total in-kind contributions th	is period (page 4) \$ \omega
Line 7: Total (all) outstanding liabilit	
Line 8: Name of bank(s) used	NA
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, sampaign finance activity, including all contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons acting under the autority. Signed under the penalties of parameters of parameters.	res, disbursements, in-kind contributions and habilities for this reporting period thority or on behalf of this committee in accordance with the requirements perjury:  Date
FOR CANDIDATE FILINGS ONLY	Y: (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 campaign finance activity, of all persons acting under the authority or on beh have not received any contributions, incurred any liabilities nor made any expentance of Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is campaign finance activity, including contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons acting under the authority. Signed under the penalties	s, to the best of my knowledge and benef, a true and complete statement of a laif of this committee in accordance with the requirements of M.G.L. c. 55. Inditures on my behalf during this reporting period.  filing separate report  s, to the best of my knowledge and belief, a true and complete statement of a less, disbursements, in-kind contributions and liabilities for this reporting period thority or on behalf of this committee in accordance with the requirements of the second se
Scatt Racha	1-20-11 Date
Candidate signature (in ink)	Date

### 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

Date Received	Name and Residential Address	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
	•		***************************************	
				·
	·			
<u> </u>				·
	·			
		-		
				-
		-		
				•
Line 9:	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>\*</sup> 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

	(alphabetical listing)		Purpose of Expenditure	Amount
		·		
		-		
-		,		
				,
1				
		Tina 10:	Expenditures over \$50	
		·	Expenditures \$50 and under*	
	Enter on page 1, line 4		TOTAL EXPENDITURES	<u> </u>

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

### 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
. , .		•		Live Automotive Control of the Contr
				<u> </u>
		•		
		•		
				-
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> 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	To Whom Due	Address Purpose	Amount
Incurred			<u> </u>
	·		
·	:		
	·		
· F	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



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

RECEIVEL	
2011 JAN -	)
2011 JAN -3 PM 4:	55
TOWN CLEAN S OFFICE STER. MASS.	E

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:  Reporting Period Beginning June 10 2010 Endi	ing <u>December 31</u> ZOIO
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding election □30 day aft	er election Deear-end report Ddissolution
Debyah J. LaBombard  Full Name of Candidate (if applicable)	Committee Name
118 Pleasant Street Lewester	Name of Committee Treasurer
Residential Address  SO8-892-9854  Tel. No. (optional)	Committee Mailing Address  Tel. No. (optional)
SUMMARY BALANCE INFOR- Line 1: Ending balance from previous report	. ^ .
Line 2: Total receipts this period (page 2, line 11 Line 3: Subtotal (line 1 plus line 2)	\$ <u>()</u> \$ <u>()</u>
Line 4: Total expenditures this period (page 3 Line 5: Ending balance (line 3 minus line 4)	\$, line 14) \$ \$
Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities (page 4 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 campaign finance activity, including all contributions, loans, receipts, expenditures, disbursement and represents the campaign finance activity of all persons acting under the authority or on be M.G.L. c. 55.  Signed under the penalties of perjury:	
Treasurer's signature (in ink)	Date .
FOR CANDIDATE FILINGS ONLY: (CANDIDA	TE 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 campaign finance activity, of all persons acting under the authority or on behalf of this commate not received any contributions, incurred any liabilities nor made any expenditures on my behave not received any contributions, incurred any liabilities nor made any expenditures on my behave not received any contributions, incurred any liabilities nor made any expenditures on my behave not received any contributions, including attached schedules and it is, to the best of campaign finance activity, including contributions, loans, receipts, expenditures, disbursement and represents the campaign finance activity of all persons acting under the authority or on behave.  Signed under the penalties of perjury:  Candidate signature (in ink)	pehalf during this reporting period.  report  f my knowledge and belief, a true and complete statement of all  this in-kind contributions and liabilities for this 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

Date Received	Name and Residential Address (alphabetical listing required)	Amou	unt	Occupation & Employer (for contributions of \$200 or more)
		***************************************		
	,			
				,
		•	_	
	·			
	·			
	Total receipts in excess of \$50 (or listed above)			· · · · · · · · · · · · · · · · · · ·
	Total receipts \$50 and under* (not listed above)  TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>\*</sup> 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	•			
			<u>.</u> 4.	
			·	
	,			
			·	
			·	
,		,		
		}	Expenditures over \$50  Expenditures \$50 and under*	
	Enter on page 1, line 4		TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

### 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	
	Enter on page 1, line 6	Line 17	: Total In-kind	

<sup>\*</sup> 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	To Whom Due	Address Purpose	Amount
[ncurred			<del>                                     </del>
	•		-
			<u> </u>
	•		·
	<u> </u>		
		THE AND OFFICE AND INC. I LADIT THES (ALL)	<u> </u>
E	inter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



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

RECEIVED

2011 JAN 20 AM 8: 17

T221 -	
P HP	WHILE

Cit

TOWN CLERK'S DEFICE

Town Clerk or Election Commission Please print or type all into	ormation, except signatures.	L	EICESTER, MASS
ll in dates: Month Date Yea porting Period Beginning	Ending Month	Date	. Year
rpe of report: (Check one) 8th day preceding preliminary □8th day preceding election	n □30 day after election	□year-end rep	ort dissolution
David P Whotwarth Jr.	·		
Full Name of Candidate (if applicable)	Comm	ittee Name	Ì
School Committee	News of Com	mittee Treasurer	
Office Sought and District	Name of Com	Interestication	
26 Sabing Circle  Residential Address	Committee 1	Mailing Address	
Rochdale, MA 01542			
Tel. No. (optional)		Tel	. No. (optional)
CYN CLEADY DALA	NOE DIEODMATION	J•	
	NCE INFORMATION	's 🔿	
Line 1: Ending balance from pre	(mage 2 line 11)	\$ \$	<del></del>
Line 2: Total receipts this period	(page 2, line 11)	\$	
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p	period (nage 3 line 14)	\$ \$	
Line 5: Ending balance (line 3 minus		\$ 0	
Line 6: Total in-kind contributions	s this period (page 4)	\$	<u> </u>
Line 7: Total (all) outstanding liab	ilities (page 4)	\$	
Line 8: Name of bank(s) used			
certify that I have examined this report including attached schedules and ampaign finance activity, including all contributions, loans, receipts, expert nd represents the campaign finance activity of all persons acting under the A.G.L. c. 55.  Signed under the penaltie	e authority or on behalf of this c	e and belief, a true a ntributions and liabi ommittee in accorda Date	and complete statement of lities for this reporting peri nnce with the requirements
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SI	GN BELOW)	
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee are carried that I have examined this report including attached schedules and campaign finance activity, of all persons acting under the authority or of have not received any contributions, incurred any liabilities nor made any elementary Candidate without Committee OR Candidate with independent action I certify that I have examined this report including attached schedules and	nittee d it is, to the best of my knowledg h behalf of this committee in accommendation on my behalf during the vity filing separate report d it is, to the best of my knowledg	e and belief, a true a ordance with the requisis reporting period. the and belief, a true a	and complete statement of

### 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

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
		,		
		and the second s		
		·		
		,		
			-	
			•	
			,	
	Total receipts in excess of \$50 (or listed above)		:	
Line 10	: Total receipts \$50 and under* (not listed above)		_	Enter on page 1, line 2

<sup>\*</sup> 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		·	,	
	·			
-				
		,		
			·	,
		Line 12:	Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
]	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	•

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

#### 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
				discountry;
				Later
•			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6	<u>,,</u>	: Total In-kind	

<sup>\*</sup> 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
	·			
	:			
	·			
			·	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4

# **TOWN OF LEICESTER**

ANNUAL TOWN ELECTION June 14, 2011

The following are the results of the votes cast in the Annual Town Election on Mon. June 14, 2011.

SELECTMAN	Precinct One Three years		Two Vote	Thre for not mor		Four TWO	7	Γotal
*Dianna Provencher†	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	250		197	190		264	901
*Thomas E. Buckley, III		269		188	293		288	1038
Matthew W. Dennison		178		176	194		226	774
Andrew J. Klein		51		21	37		46	155
Others		1		2	1		1	5
Blanks		129		92	125		121	467
TOWN CLERK	Three years		Vote	for ONE				
*Deborah K. Davis†		383		281	373		411	1448
Others		1		4	1		1	7
Blanks		55		53	46		61	215
ASSESSOR	Three years		Vote	for ONE				
*James F. LaMonda†	•	316		250	335		343	1244
Others		4		2	0		1	7
Blanks		119		86	85		129	419
SCHOOL COMMITTEE	Three years		Vote	for not mo	re than	TWO		
*Mark E. Armington†	111100 100	242		188	271		305	1006
James J. Gonyea†		95		85	78		87	345
Sherry Lee Hurley		126		86	94		136	442
*Lawrence A. Spaulding, Jr.		260		204	268		256	988
Others		2		0	0		0	2
Blanks		153		113	129		162	557
BOARD OF HEALTH	Three years		Vote	for ONE				
*Debra A. Rigiero†	,	331		258	349		362	1300
Others		1		1	0		1	3
Blanks	<del></del> -	107		79	71		110	367
PLANNING BOARD	Three years		Vote	for not mo	re thar	1 TWO		
*Jason D. Grimshaw†	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	281		205	276		301	1063
Thomas D. Jacobs		155		126	150	ŧ	148	579
*Charon I Nict		181		141	202		225	749
Others		1		3	O	ı	0	4
Blanks		260		201	212		272	945
PUBLIC LIBRARY TRUSTEE	Three years		Vote	for not mo	re than	า TWO		
*Pauline C. Lareau†	<b>,</b> =	305		247	322		345	1219
*Paul Ravina†		266		200	276		278	1020
Others		1		1	C		1	3
Blanks		306	6	228	242		322	1098

# TOWN OF LEICESTER ANNUAL TOWN ELECTION June 14, 2011

	Precinct	One	Two	Three	1	Four	Total	
MOOSE HILL WATER COMMISS *Harry R. Brooks	ION Three	e years 333	Vote fo	r One 258	332	37	2	1295
Others Blanks		99	7 9	4 76	3 85	10	0 )1	14 361
TOTAL voters by precinct were		439	9 :	338	420	47	'3	1670

<sup>\*</sup> Denotes winner

<sup>†</sup> Denotes candidate for re-election



# Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED

2012 JAN 19 PM 2: 39

File with:

Cit

Candidate signature (in ink)

TOWN CLEAN'S OFFICE

y or Town Clerk or Election Commission Please print or type all information, except signatures.	LEICESTER, MASS.
Fill in dates: Month Date Year Month Reporting Period Beginning チャント オーショー Ending Drce	Date Year AAR 31 2011
Type of report: (Check one)  ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election	□ year-end report □ dissolution
Thomas E. Duckley TII  Office Sought and District  Name of Com  Select MAN Town of Leicester  Residential Address  Committee I	Elect Tam Buckle entre Name  Lemminuer  mittee Treasurer  St. Parton, MA  Mailing Address  -755-0806  Tel. No. (optional)
SUMMARY BALANCE INFORMATION	I:
Line 1: Ending balance from previous report	\$
Line 2: Total receipts this period (page 2, line 11)	\$
Line 3: Subtotal (line 1 plus line 2)	\$ -0-
Line 4: Total expenditures this period (page 3, line 14)	\$ -0 -
	\$ -0-
Line 5: Ending balance (line 3 minus line 4)	<u> </u>
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 Country BANK	For Savines
Line 8. Ivanie of bank(s) used <u>\$8010 \ R \ 7.74 \ N R</u>	+87 38 YING 3)
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cor and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee.  M.G.L. c. 55.  Signed under the penalties of perjury:  Treasurer's signature (in ink)	
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SI	GN 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 campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance not received any contributions, incurred any liabilities nor made any expenditures on my behalf during the Candidate without Committee OR Candidate with independent activity filling separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind con and represents the campaign finance activity of all persons acting under the authority or on behalf of this conditions.  Signed under the penalties of perjury:	is reporting period.  and belief, a true and complete statement of all tributions and liabilities for this 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

umber on e Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
	-0-			
			,	
	•	iiu .		
· 				
		•		
-				
·				
	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)  TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>\*</sup> 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

•			
		·	
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	a noga 1 ling 4	Line	Line 12: Expenditures over \$50  Line 13: Expenditures \$50 and under the page 1, line 4  Line 14: TOTAL EXPENDITURE.

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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
٠	-01			
			In-kind over \$50 In-kind \$50 and under	
-	Enter on page 1, line 6		Total In-kind	

<sup>\*</sup> 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
	6/0			<u> </u>
	:			
				·
·				
	Enter on page 1, line 7	Line 18: OUTSTANDIN	G LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Reportence Notes **Municipal Form**

Office of Campaign and Political Finance

2012 JAN 23 AN IO: 23

Commonwealth of Massachuselts						1710	GLERKS OFFIC FISTERL MASS
Fill in Reporting Perio	od dates: Beginning Date:	7/15/1	11	Ending D		or Town Clerk o /31/11	r Election Commission
Гуре of Report: (Che	ck one)						
8th day preceding prel	liminary 8th day preceding elec	tion [	30 day	after election	⊠ year-e	nd report [	dissolution
Matthew W. Dennison Candid	date Full Name (if applicable)		Commit	tee to Elect Matt	Dennison Committee I	Name :	
Selectman, Leicester			Carrie D		in-	- Transurar	
C	Office Sought and District				ne of Committe		
197 Baldwin Street, Leice			197 Bak	dwin Street, Leic	ester, MA 0 mmittee Mailie		
Telephone Number (optional):	Residential Address 5088920699		Telephone	Number (optional):		50889206	599
	SUMMARY BAI	LANC	E INFO	RMATION:			
			1		100	-\$534	1
Line 1:	Ending Balance from previous repo	ori					]
Line 2:	Total receipts this period (page 3, 1	ine 11)				\$0	
Line 3:	Subtotal (line 1 plus line 2)					-\$534	
Line 4:	Total expenditures this period (pag	e 5, line	e 14)			\$0	
Line 5:	Ending Balance (line 3 minus line	4)				-\$534	
Line 6:	Total in-kind contributions this per	riod (pa	ge 6)			\$0	
Line 7:	Total (all) outstanding liabilities (p	age 7)				\$504	
Line 8:	Name of bank(s) used: Country Bar	ık for Sa	ıvings				
activity, including all contributions are activity of all persons a Signed under the penalties of FOR CANDIDATE FIL  Candidate with Committed activity, of all persons activity, of all persons activity and incurred any liabilities nor Candidate without Committed and Candidate without Co	his report including attached schedules and it is, toons, loans, receipts, expenditures, disbursements acting under the authority or on behalf of this con	s, in-kind on mittee in the check 1 be ttee in action it is, to the nittee in action for the filling ty filling so the churchen entitle.	experience with a contributions accordance with a contribution wit	and habilities for this  ith the requirements  (Treasurer's  nowledge and belief in the requirements of  rt  anowledge and belief tributions and liability	s reporting per of M.G.L. c. 5 s signature)  , a true and con f M.G.L. c. 55.  , a true and conties for this rep	Date: 1/ Date: 1/ mplete statement I have not recei	of all campaign finance ived any contributions, of all campaign d represents the
Signed under the penalties of		····			e's signature)	Date:	

## 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.)

-	lease include your committee name and a p Name and Residential Address'		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		1	
***************************************			,
	L		
		<u> </u>	
		1	
	1		
	The state of the s		
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Red	ceipts \$50 and under* (not listed above)		
T. C. MOTAT	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
Line II: TUTAL	KECER 19 IN THE LEWION		Enter on page 1, time 2

<sup>\*</sup> 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)
Date Received	(arphabetteat tisting require-)		
		<u> </u>	
		<u> </u>	
		1	
			La Carlo
Line 9: Total Re	ceipts over \$50 (or listed above)		
Line 10: Total Ro	eccipts \$50 and under* (not listed above)		
	L RECEIPTS IN THE PERIOD		Enter on page 1, line 2
Line II: TOTAL	D RECEIF IS IN THE LEMON	<u> </u>	ald include only those receipts not itemized above.

<sup>\*</sup> 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.)

eport an expend	litures. Please include your comm  To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faiu	(atphabettai iistiig)			
				<b>  </b>
<u> </u>				
		<u> </u>		
<u> </u>				
##				]]
			11	
1				
l				
				<u> </u>
]				
		1		
<u> </u>				
11			[[]	
} <u> </u>				<u> </u>
	Landau and			
11				
			mro / 15-1-3 5>	
		Line 12: Total Expenditures or	ver \$50 (or listed above)	
			10 1 1 4 ( 11 1 1 1 1	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
			THE PERSON NAMED IN THE PE	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
	•		should include only those expenditu	of itamirad

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(alphabetical histing)			
With the state of				
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				1
•				
		and the state of t		
	La Company			
		A DESCRIPTION OF THE PROPERTY		
		Line 12; Expenditures over	r \$50 (or listed above)	
			and under* (not listed above)	
* If you have it	Enter on page 1, line 4 -	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	

<sup>\*</sup> 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
Date Received	Tom the second			
The state of the s				
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	s \$50 & under (not listed above	)
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	

<sup>\*</sup> 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.

Page 6

## 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
3/26-5/20/11	Dennison, Matthew & Carrie	197 Baldwin St. Leicester, MA 01524	loan (advertising supplies)	\$460
4/11/11	Donahue, Timothy	53 Bottomley Ave. Cherry Valley, MA 01611	100 postage stamps	\$44
	Automatical Control of the Control o			
The state of the s				
	Enter on page 1, line 7	→ Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	\$504



## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

2012 JAN 31 PM 6: 09

_	
File	with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

TOWN CLERK'S OFFICE LEICESTER, MASS.

Fill in dates:  Reporting Period Beginning  Month  Date  Year  //	Ending 12	Date B/	Year 11
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election [	☐30 day after election		
Selection District  Selection  District  District  Selection  District  Dist	UN VARTAY B Name of Con 160 x 255 (se	ittee Name  Signo	onther
Tel. No. (optional)		Tel. N	o. (optional)
Line 1: Ending balance from previous Line 2: Total receipts this period (partine 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus lines) Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	eus report ge 2, line 11)  od (page 3, line 14) 4) is period (page 4) ies (page 4)	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, campaign finance activity, including all contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons acting under the auti M.G.E. c. 45  **Treasurer's signature (in mk)*  **Treasurer's signature (in mk)*	es, dispursements, in-a to hority or on behalf of this of erjury:	committee in accordance	with the requirements of
FOR CANDIDATE FILINGS ONLY	: (CANDIDATE MUST S	(GN 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 campaign finance activity, of all persons acting under the authority or on beha have not received any contributions, incurred any liabilities nor made any expend Candidate without Committee OR Candidate with independent activity for I certify that I have examined this report including attached schedules and it is campaign finance activity, including contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons acting under the authority.  Signed under the penalties of Candidate signature (in ink)	alf of this committee in acc litures on my behalf during t iling separate report , to the best of my knowled s, disbursements, in-kind co thority or on behalf of this	his reporting period.  ge and belief, a true and	complete statement of all is for this reporting period e with the requirements of

#### 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

Date Received	Name and Residential Address (alphabetical listing required)	Amoı	unt	Occupation & Employer (for contributions of \$200 or more)
	·	and the state of t		
				·
		,		
· · · · · · · · · · · · · · · · · · ·		,		
		,		
	·			
	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	<u> </u>		Enter on page 1, line 2

<sup>\*</sup> 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.

This page may be copied 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
			·	
	<u></u>			
			, ,	•
		,		
			-	
,				
,				-
			Expenditures over \$50	
•		<del></del>	Expenditures \$50 and under*	· .
	Enter on page 1, line 4		TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

### 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	
	Enter on page 1, line 6	Line 17	7: Total In-kind	<u> </u>

<sup>\*</sup> 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	To Whom Due	Address	Purpose	Amount
Incurred			<u> </u>	
		·		
	·			
<u></u>	Enter on page 1, line 7	Line 18: OUTSTANDIN	G LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number Page 4 on each page.



# Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with:

Cit

Please print or type all information, except signatures.

TOWN CLERK'S OFFICE

2011 JUN -6 AM 8: 13

eporting Period Beginning April 25 2011 Ending	Ture Sixth 2011
ype of report: (Check one) 8th day preceding preliminary ⊠8th day preceding election □30 day after e	election
Full Name of Candidate (if applicable)	Committee Name
Office Sought and District Nam 36 Gave Steels lecester MA	ne of Committee Treasurer
Residential Address ### Co	ommittee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE INFORM	ATION:
SUMMARY BALANCE INFORM Line 1: Ending balance from previous report	ATION: \$_\(\mathcal{O}\).\(\mathcal{O}\mathcal{O}\)
SUMMARY BALANCE INFORM Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11)	(ATION: \$
SUMMARY BALANCE INFORM Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2)	\$\overline{\mathcal{D}.\pi\pi}\$ \$\overline{\mathcal{D}.\pi\pi}\$ \$\overline{\mathcal{D}.\pi\pi}\$ \$\overline{\mathcal{D}.\pi\pi\pi}\$ \$\overline{\mathcal{D}.\pi\pi\pi}\$
SUMMARY BALANCE INFORM Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11)	\$\overline{\mathcal{D}.\pi\pi}\$ \$\overline{\mathcal{D}.\pi\pi}\$ \$\overline{\mathcal{D}.\pi\pi}\$ \$\overline{\mathcal{D}.\pi\pi\pi}\$ \$\overline{\mathcal{D}.\pi\pi\pi}\$
SUMMARY BALANCE INFORM Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, li Line 5: Ending balance (line 3 minus line 4)	(ATION:  \$
SUMMARY BALANCE INFORM.  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 4)	(ATION:  \$

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 Signed under the penalties of perjury: M.G.L. c. 55.

Treasurer's signature (in ink)

Date

### 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 Signed under the penalties of perjury: M.G.L. c. 55.

Candidate signature (in ink)

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

Date Leceived	Name and Residential Address (alphabetical listing required)	Amou	int	Occupation & Employer (for contributions of \$200 or more)
	,			
<u>.                                    </u>				
			,	
				·
		٠		
				·
Line 9: T	otal receipts in excess of \$50 (or listed above)			
Line 10. T	otal receipts \$50 and under* (not listed above)			
PIUC IO. I	OTAL RECEIPTS IN THE PERIOD		_	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
				į		
	·					
		•				
·			, .			
			2: Expenditures over \$50			
			3: Expenditures \$50 and under			
	Enter on page 1, line 4		14: TOTAL EXPENDITURES			

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

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*		al Address		iption of ribution	Value
		į		-			
•	·	-				,	
	<u> </u>			Line 15:	In-kind ove	r \$50	
			······································	Line 16:	In-kind \$50	and under	
	Enter on page	1, line 6		Line 17	: Total In-ki	ind	

<sup>\*</sup> 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
				·
E	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	



# Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED

2011 JUN 16 AM 8: 12

File with:

Cit

TOWN CLERK'S OFFICE LEICESTER, MASS

Town Clerk or Election Commission Please print or type al	II IIIIOIIIIai			(_, 10	ESTER, MASS.
ill in dates:  eporting Period Beginning 6 6	Year ZDII	Ending	Month	Date [6	ZELL ZELL
ype of report: (Check one) 8th day preceding preliminary ☐8th day preceding ele	ection [	∃30 day after elo	ection	☐year-end report	dissolution
Mink E. Armington  Full Name of Candidate (if applicable)			Comm	ittee Name	·
School CommITTEE - LEICESTER Office Sought and District		Name	of Com	mittee Treasurer	
430 PINE ST, LEICESTER MAR Residential Address 01524	.	Com	mittee l	Mailing Address	
Tel. No. (optional)				Tel, No	o. (optional)
Line 1: Ending balance from Line 2: Total receipts this per Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures the Line 5: Ending balance (line 3)  Line 6: Total in-kind contribute Line 7: Total (all) outstanding Line 8: Name of bank(s) used  Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedu campaign finance activity, including all contributions, loans, receipts and represents the campaign finance activity of all persons acting to M.G.L. c. 55.	previous previous previous previous lines perions the liability previous and it is s, expenditure and the authors the authors previous pre	is period (page 4)  to the best of my res, disbursements, thority or on behalf	e 14) ge 4)	\$ 26.40 \$ 26.40 \$ 26.40 \$ 0 \$ 0 \$ 0	complete statement of a
Treasurer's signature (in ink)				Date	·
FOR CANDIDATE FILIN	GS ONL	Y: (CANDIDATE	MUST S	IGN BELOW)	
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the I certify that I have examined this report including attached sched campaign finance activity, of all persons acting under the authority have not received any contributions, incurred any liabilities nor make Candidate without Committee OR Candidate with independent I certify that I have examined this report including attached sched campaign finance activity, including contributions, loans, receipts and represents the campaign finance activity of all persons acting M.G.L. c. 55.  Candidate signature (in ink)	ify or on belde any expendent activity lules and it is, expenditure under the a	naif of this commit- nditures on my beha filing separate rep is, to the best of my es, disbursements, i uthority or on behal	ort knowled	this reporting period.  Ige and belief, a true and	d complete statement of a es for this reporting perion we with the requirements

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

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
6/6/11	MML ARMINGTON 430 PINE ST., LEICESTER MA 01524	\$26e	40	
	·			
		·	•	•
				·
				•
	·			
Line 9: Total receipts in excess of \$50 (or listed above)			40	
	Total receipts \$50 and under* (not listed above)	4	10	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	#24	40	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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.

Date Paid	(alpl	o Whom	l listing)	A	ddress		Purp	ose of Exp	enditure		ount
6/6/11		ficest Post	en Office	MAIN	ST. L	EH CESTE	e .	POSTAGE	STAMOS	926	40
		,,,,,			<del>, -</del>						
		•	:						·		
							<u> </u>				
:			,					•		<u></u>	
						· . • "					
	-			,				,		,	
										·	
						-					
									-		
	•								,		
				•				-			
	*	. — <del>-</del>	30	•				itures over		\$26	40
I	Enter on	page 1, li	ine 4		·			itures \$50 a		# 260	40

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

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	
	<u>1</u>	Line 16:	In-kind \$50 and under	

<sup>\*</sup> 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.

Enter on page 1, line 6

Line 17: Total In-kind

## 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
-				
<u></u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	



# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

RECEIVED

Office of Campaign and Political Finance

2012 JAN 31 PM 2: 10

Massachmetts	111 2: 48
le with: ity or Town Clerk or Election Commission Please print or type all	information, except signatures CESTER, MASS.
Fill in dates:  Reporting Period Beginning 7 9 2	Year Month Date Year コン// Ending / コーコー コー
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding elec	ction □30 day after election ⊠year-end report □dissolution
JAMES CONVEA  Full Name of Candidate (if applicable)  SCHOOL COMMITTEE  Office Sought and District  ACCARTHN AVE  Residential Address  CHERRY VALLEY, MA OIGH  508-892-1703  Tel. No. (optional)	Committee Name  SHECAPH KITA GONYEA  Name of Committee Treasurer  38 Mc CARTHY AVE  Committee Mailing Address  CHERRY VALLEY, MA 0/6//  508-892-1703  Tel. No. (optional)
Line 1: Ending balance from p Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 min Line 6: Total in-kind contributio Line 7: Total (all) outstanding list	s period (page 3, line 14)       \$
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules a	and it is, to the best of my knowledge and belief, a true and complete statement of all spenditures, disbursements, in-kind contributions and liabilities for this reporting period or the authority or on behalf of this committee in accordance with the requirements of
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the conficulty of the conficulty that I have examined this report including attached schedules campaign finance activity, of all persons acting under the authority of have not received any contributions, incurred any liabilities nor made any	and it is, to the best of my knowledge and belief, a true and complete statement of an ron behalf of this committee in accordance with the requirements of M.G.L. c. 55. I

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 Signed under the penalties of perjury: M.G.L. c. 55. Candidate signature (in ink)

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

☐ Candidate without Committee OR Candidate with independent activity filing separate report

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

Date Received	Name and Residential Address (alphabetical listing required)	Amoi	unt	Occupation & Employer (for contributions of \$200 or more)
			,	
- 417		-		·
			•	
				•
	·			
	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD		,	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

umber on each  Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	· · ·			
·				
				,
	· · · · ·	T ine 12.	Expenditures over \$50	
			Expenditures \$50 and under*	
	Enter on page 1, line 4		:TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

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	<u> </u>
	Enter on page 1, line 6	Line 17	7: Total In-kind	0

<sup>\*</sup> 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	To Whom Due	Address	Purpose	Amount
Incurred	·			
	· ·			
			·	1
				<u>.</u>
		· .		
 	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	(5)



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

# RECEIVED

minonwealth Vissachusetts	ZHTI JUL I I AM 9: 3
le with: ty or Town Clerk or Election Commission Please print or type all inform	TOWN CLERK'S OFFIC LEICESTER. MASS
Fill in dates: Month Date Year Reporting Period Beginning March 10	Ending July II
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	□30 day after election □year-end report □dissolution
Shorry Lee Hyrley  Full Name of Candidate (if applicable)	Committee Name
School Committee  Office Sought and District  II mt. Pleasant Ave.	Name of Committee Treasurer
Residential Address	Committee Mailing Address
508-892-1740 Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from previous Line 2: Total receipts this period (page 1) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus line 1) Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	age 2, line 11)  \$ \$ iod (page 3, line 14)  \$ 329.00  e 4)  s  pris period (page 4)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is campaign finance activity, including all contributions, loans, receipts, expenditu and represents the campaign finance activity of all persons acting under the au M.G.L. c. 55.  Signed under the penalties of	thority or on behalf of this committee in accordance with the requirements of
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONL	Y: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority of on ber have not received any contributions, incurred any liabilities nor made any experting a campaign finance activity. I certify that I have examined this report including attached schedules and it is campaign finance activity, including contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons acting under the activity of ac	alf of this committee in accordance with the requirements of M.G.L. c. 55. Inditures on my behalf during this reporting period.

Signed under the penalties of perjury:

Candidate signature (in ink)

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

mber on ea  Date  Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more		
	Sherry Hurley 11 mt. Pleasant Ave	329	00			
			-			
	Total receipts in excess of \$50 (or listed above)		;			
Line 10:	Total receipts \$50 and under* (not listed above)					
	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
	Design my Signs. com		Campaign Signs	329	60
		,			
					******
				,	
	·			,	
,				1133 Albania	
				•	
,				· :	
				,,,- <b>4</b> .	
•		· · · · · · · · · · · · · · · · · · ·	Expenditures over \$50  Expenditures \$50 and under*	329	00
	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	329	OO

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

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.

	1	1
 nter on page 1, line 6	Line 16:	Line 15: In-kind over \$50  Line 16: In-kind \$50 and under  Inter on page 1, line 6  Line 17: Total In-kind

<sup>\*</sup> 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
				·
	·			
-				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	



Candidate signature (in ink)

# Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED

# Municipal Form Office of Campaign and Political Finance

2011 JUL -7 PM 1: 43

Massachusetts	TOWN CO TOWN
le with: ity or Town Clerk or Election Commission Please print or type all info	TOWN CLERK'S OFFICE DEMANDED TO THE PROPERTY OF THE PROPERTY O
Fill in dates:  Reporting Period Beginning  Month  Date  Year  20	
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	n □ 1230 day after election □ year-end report □ dissolution
Full Name of Candidate (if applicable) School Committee	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address Residential Address O1542 508 892 5013	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabit Line 8: Name of bank(s) used  Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it appears in figures activity, including all contributions, loans, receipts, expend	tis, to the best of my knowledge and belief, a true and complete statement of allitures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of all the contribution of the contribution of the committee in accordance with the requirements of the committee in accordance with t
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ON	ILY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any expanded activity including attached schedules and incurred activity, including contributions, loans, receipts, expendit	it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. penditures on my behalf during this reporting period. Ity filing separate report it is, to the best of my knowledge and belief, a true and complete statement of all tures, disbursements, in-kind contributions and liabilities for this reporting periods authority or on behalf of this committee in accordance with the requirements of

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

Date Received	Name and Residential Address	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
		0	00	0
				·
)				
	·			
	·			
			-	
Line 9:	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
	TOTAL RECEIPTS IN THE PERIOD	10	Œ	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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.

This page may be copied 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
				,
,				
			•	
•				
				·
	<u> </u>	*	: Expenditures over \$50	
			Expenditures \$50 and under*	
	Enter on page 1, line 4	Line 1	4:TOTAL EXPENDITURES	00

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

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
		•		
<u></u>		Line 15:	In-kind over \$50	
	-	Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	100

<sup>\*</sup> 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	To Whom Due	Address	Purpose	Amount		
Incurred			·	· · · · · · · · · · · · · · · · · · ·		
	•			,		
				·		
	Enter on page 1, line 7	Line 18: OUTSTANDI	Line 18: OUTSTANDING LIABILITIES (ALL)			

	TOWN	OF LEIC	ESTER			
	NNUAL TOWN	ELECTIO	N June 12,			
The following are the results of	1,299 votes cas	t in the Ar	nual Town I	Election on	Tuesday Ju	ine 12, 2012.
	5		T	Thuas	Four	Total
OEL FOTMAN		ne	Two Vote for not	Three		TOLAI
SELECTMAN	Three years	127	101	107	125	460
Richard Antanavica†			156	138	210	
*Douglas A. Belanger†		195	161	246	271	929
*Matthew W. Dennison		251	101			6
Others	.	3 1 <b>1</b> 4	89	126	175	<u> </u>
Blanks		114	09	120	173	304
ACCECCOD	Three years		Vote for On			
ASSESSOR	Three years	238	181	214	282	915
*William P. Flis†		2.00	101	1	1	5
Others Blanks		105	72	94	108	379
Bianks		100	12		100	0.0
SCHOOL COMMITTEE	Three years		Vote for On	 ie		
*Scott G. Francis	111100 70010	236	182	215	278	911
Others		6		5	!	
Blanks		103	71	89	108	371
Bianto						
BOARD OF HEALTH	Three years		Vote for Or	e		
*Christopher M. Montiverdi†		247	183	221	289	940
Others		1	0	0	1	2
Blanks		97	71	88	101	357
PLANNING BOARD	Three years		Vote for no	t more than	Two	
*Debra L. Friedman†		226	<u> </u>	206	,	858
Nicholas J. Antanavica		115	1	108		465
*David S. Wright		174	-i	172	181	651
Others		2	0	0	0	2
Blanks		173	110	132	207	622
PUBLIC LIBRARY TRUSTEE	Three years		Vote for no	t more thar	Two	
*Donald A. Cherry, Sr.†		264	193	235	315	1007
*R. Olney White†		203	154	186	230	773
Others		3	0	0	1	4
Blanks		220	161	197	236	814
MOOSE HILL WATER COMM	ISSION Three	years	Vote for Or	l ne		
*Kurt Parliment†	1	240			284	927
Others		2	<del></del>		1	3
Blanks		103	72	88	106	369
HOUSING AUTHORITY	Five years		Vote for Or	 ne		
*Richard M. Connor†	1.1.0 ,00.0	240		page	277	919
Others		3			1	
Blanks		102		ļ		
			1	1		
TOTAL voters by precinct were		345		309	391	1299
* Denotes winner and †Deno	tes candidates f	or re-elec	tion			



M,G,L, c, 55.

Candidate signature (in ink)

# Form CPF M 102: Campaign Finance Report Municipal Form

	Office of Campaign and Political Finance	
ommonwealth Massachusetta		2013 JAN 28 PM 2: 41
le with: ity or Town Clerk or Election Commission Ple	ease print or type all information, except signatures.	TOVERSTER MASS.
Fill in dates:  Reporting Period Beginning 7	Date Year Month	7.
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th	h day preceding election ☐30 day after election	☑year-end report □dissolution
Full Name of Candidate (if ap Selectman, Leiceste Office Sought and Distr 197 Baldwin St. Celect Residential Address (508) 852-0699	plicable)  Comm  Devid P. Whit  ict  Name of Com  Ster, Ma. 01524  157 32104 5	nmittee Treasurer St. Lecestcy, McJ1524 Mailing Address
Line 1: Ending bath Line 2: Total recent Line 3: Subtotal (Line 4: Total explaine 5: Ending bath Line 6: Total in-kith Line 7: Total (all)	UMMARY BALANCE INFORMATION alance from previous report eipts this period (page 2, line 11) (line 1 plus line 2) enditures this period (page 3, line 14) alance (line 3 minus line 4) and contributions this period (page 4) outstanding liabilities (page 4) ank(s) used Country Bank for S	\$ -212.78 \$ 0 \$ -212.78 \$ 6 \$ -212.78 \$ 6 \$ 212.78
campaign finance activity, including all contribution and represents the campaign finance activity of M.G.L. c. 55.  Treasurer's signature (in ink)	ling attached schedules and it is, to the best of my knowledge ations, loans, receipts, expenditures, disbursements, in-kind contail persons acting under the authority or on behalf of this consigned under the penalties of perjury:	ommittee in accordance with the requirements of    20/13     Date
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity I certify that I have examined this report inclus campaign finance activity, of all persons activity have not received any contributions, incurred an Candidate without Committee OR Candid I certify that I have examined this reconstributions.	y independent of the committee ding attached schedules and it is, to the best of my knowledge ng under the authority or on behalf of this committee in according liabilities nor made any expenditures on my behalf during the date with independent activity filing separate report ding attached schedules and it is, to the best of my knowledge ions, loans, receipts, expenditures, disbursements, in-kind configurations, and it is to the best of my knowledge fill persons acting under the authority or on behalf of this configuration.	e and belief, a true and complete statement of all ordance with the requirements of M.G.L. c. 55. It is reporting period.  e and belief, a true and complete statement of all otributions and liabilities for this reporting period

Signed under the penalties of perjury:

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

umber on ea  Date  Received	Name and Residential Address	Amou		Occupation & Employer (for contributions of \$200 or more)
	·			
			}	
		*		
	·			
	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			<u>.</u>
Line 11:	TOTAL RECEIPTS IN THE PERIOD		<u> </u>	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	re Amount		
		,				
		·				
		-				
				•		
		,				
			, .			
	M					
L		Line 12:	Expenditures over \$50			
			Expenditures \$50 and under*			
E	Enter on page 1, line 4	<del></del>	TOTAL EXPENDITURES	-		

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

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		Residentia	al Address	Description of Contribution	Value
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	zaki ili ili ili					
			·			
		ł		Line 15	: In-kind over \$50	
		, .		Line 16	: In-kind \$50 and und	er
	Enter on page 1	line 6		Line 1'	7: Total In-kind	1

<sup>\*</sup> 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	To Whom Due	Address	Purpose	Amount
Incurred			· · ·	
1	Mat + Came	197 Beldwir St Leveste, Man	Home Depot Paints	69.96
6/7	Mat + Came Denner	Leveste, Man	meterals for signs	
6/12			Home Depot Painter instances for signs Brooksale Boutor Elec. Party	46.98
6/12	L.		BJ's Food For Party	145.47
On _				
· ·				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	2000 262.4



Treasurer's signature (in ink)

# Form CPF M 102: Campaign Finance Report

# Municipal Form

III JAN 22 PH 2:38

13-3-3-11-1-

	Office of Campaign and Political Finance	
Commonwealth of Massachusetts		20
File with: City or Town Clerk or Election Commission	Please print or type all information, except signatures.	****

with: or Town Clerk or Election Commission	ion Ple	ase print or typ	e all information	on, except sig	natures.	Lities	Try. Mass	ICE
Fill in dates: Reporting Period Beginning	Month 7	Date	Year 2	Ending	Month /2	Date 9/	Year /2	
Type of report: (Check one)  ☐8th day preceding prelimina		ı day precedin	g election $\Box$ :	30 day after e	lection &	year-end rep	ort □disso	lution
Full Name of Candi	date (if ap)	olicable)		Belang cole Bo	Committe	mmiEt e	e ·	

Office Sought and District	Name of Committee Treasurer  13 Hay bestoon Dr
Residential Address	Committee Mailing Address Leicesten MA 01524
Tel, No. (optional)	Tel. No. (optional
SUMMARY BALA Line 1: Ending balance from pr	ANCE INFORMATION: revious report \$ /3 39-/9
Line 2: Total receipts this perio	
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this	
Line 4: Lotal expenditures this	her ion (hage 3, into 14)

Line 5: Ending balance (line 3 minus line 4) \$ 20 18 - 90 Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Country Bank - Loiceste

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 Signed under the penalties of perjury:

## 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, campaign finance activity, of all persons acting under the authority or on behalf have not received any contributions, incurred any liabilities nor made any expendice Candidate without Committee OR Candidate with independent activity fill I certify that I have examined this report including attached schedules and it is, campaign finance activity, including contributions, loans, receipts, expenditures, and represents the campaign finance activity of all persons acting under the auth M.G.L. c. 55.  Signed under the penalties of Candidate signature (in int)	tures on my behalf during this reporting period.  ing separate report  to the best of my knowledge and belief, a true and complete statement of all  disbursements, in-kind contributions and liabilities for this reporting period  ority or on behalf of this committee in accordance with the requirements of

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

Date Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more		
8-30-12	z/ 12abeth for MA P.O. BOX 290568 Buston/14 02/29	125	20			
	·					
9				·		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			-			
•						
Line 9:	Total receipts in excess of \$50 (or listed above)	125	<b>6</b> 0			
Line 10:	Total receipts \$50 and under* (not listed above)			1		
	TOTAL RECEIPTS IN THE PERIOD	125	00	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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  $together, from\ committee\ records,\ and\ reported\ on\ line\ 13.$ 

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

umber on each  Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
7-18-12	Douglos Belangen	13 Harberton DL Leicoxer magszy	Repaymed of Lean.	500 -	
	·				
··					
1	<u> </u>	Line 12:	300 -		
		. Line 13:			
	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES	500 -	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

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	the committee's records and inch From Whom Received*	Residential Address	Description of Contribution	Value
amended From 2008 Livible 2009 From	Douglas Belanger	13 Handerton DL Leicester MA 01524	owed Liability for Gas office supplies, mentings & Parking for campaign	2018, 90
condidate		2018054 e7 MA 013 29	Aut candonie	
į				
· · · · · · · · · · · · · · · · · · ·				
		Line 15:	In-kind over \$50	2018-90
		Line 16:	In-kind \$50 and under	
•	Enter on page 1, line 6	Line 17	: Total In-kind	2018.90

<sup>\*</sup> 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	To Whom Due	Address	Purpose	Amount
Incurred				
			·	
	·		·	
			·	
<u> </u>				
	Enter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	0

# TOWN OF LEICESTER

ANNUAL TOWN ELECTION June 11, 2013

The following are the results of 359 votes cast in the Annual Town Election on Tuesday June 11, 2013.

·	Precinct	One	Two	Three	Four	Total
SELECTMAN	Three years		te for One	, (1100		
*Sandra M .Wilson†	, , , , , , , , , , , , , , , , , , ,	75	44	54	105	278
Others		2	2	3	2	9
Blanks		24	4	21	23	72
MODERATOR	Three years	Vo	te for One			
*Donald A. Cherry, Jr.†	, ,	84	47	67	113	311
Others		0	0	0	0	0
Blanks		17	3	11	17	48
ASSESSOR	Three years	Vo	ote for One			
*Michael L. DellaCava, Sr†.	•	76	39	64	103	282
Others		0	0	0	1	1
Blanks		25	11	14	26	76
SCHOOL COMMITTEE	Three years	V	ote for not me	ore than Tv	vo	
*Deborah J. LaBombard†	•	52	30	49	66	197
*Tyler P. Keenan		76	37	58	102	273
Others		2	0	2	5	9
Blanks		72	33	47	87	239
BOARD OF HEALTH	Three years	V	ote for One			
*Robin A. Wood†	•	79	38	65	101	283
Others		0	0	1	0	1
Blanks		22	12	12	29	75
PLANNING BOARD	Three years	V	ote for One			
John J. McNaboe, Jr†.	•	41	21	31	48	141
*Adam J. Menard		57	28	43	74	202
- Others		Ų	0	. 0	·· ·· 1	1
Blanks		3	1	4	7	15
PUBLIC LIBRARY TRUSTEE	Three years	V	ote for not m	ore than T	WO	
*Judith A. Bergin†		77	41	65	94	277
*Ernestine A. Cherry†		72	34	59	97	262
Others		0	0	0	0	0
Blanks		53	25	32	69	179
MOOSE HILL WATER COMMIS	SION Three yea	ars V	ote for One			
*Carl E. Wicklund Jr.		19	4	14	21	58
Others		5	6	8	18	37
Blanks		77	40	56	91	264
HOUSING AUTHORITY	Five years	٧	ote for One			
*Richard E. Hammarstrom		70	39	58	102	269
Others		2	0	1	0	3
Blanks		29	11	19	28	87
TOTAL voters by precinct were * Denotes winner and † denotes	candidate for re-	101 election.	50	78	130	359

	то	WN OF LEI	CESTER			
	ANNUAL TOWN					
The following are the result				ection on Mo		
		One	Two	Three	Four	Total
SELECTMAN	Three years			t more than		
*Thomas E. Buckley, III†		82	29	59	88	258
*Dianna Provencher†		96	32	51	100	279
Others		2	0	0	2	4
Blanks		54	15	32	50	151
TOWN CLERK	Three years		Vote for ON	.IE		
*Deborah K. Davis†	Tillee year	103	35	66	111	315
Others		103	0	0	0	1
Blanks		13	3	5	9	30
Dianks	11217-57477	10				- 00
ASSESSOR	Three year	S	Vote for Of	١E	///	
*Paul C. Davis		96	28	64	105	293
Others		3	0	0	0	3
Blanks	A - A - A - A - A - A - A - A - A - A -	18	10	7	15	50
COLLOCA COMMITTEE	TL	_	\/ata far na	+ mara +han	TMO	
SCHOOL COMMITTEE	Three year	P-2004-11-F		t more than		100
*Grover C. Adams III		73	24	37	65	199 254
*Paul D. McCarthy		84	26	57	87	204
Others		7 70	0 26	0 48	0 88	232
Blanks	0.7404111	70	20	40	- 00	232
BOARD OF HEALTH	Three year	S	Vote for Of	VE		
*Debra A. Rigiero†		96	28	59	96	279
Others		2	0	2	0	4
Blanks		19	10	10	24	63
			14.1.6	4 41	TIMO	
PLANNING BOARD	Three year			t more than	7.007/77	000
*Jason D. Grimshaw†		87	28	55	96	
*Sharon J. Nist†		81	23	48	84	
Others		3	0	0	0	
Blanks		63	25	39	60	107
PUBLIC LIBRARY TRUST	EE Three year	<u> </u>	Vote for no	t more than	TWO	
*Pauline C. Lareau†		83	27	60	Y-1	264
*Paul Ravina†		73	0.000	50		+-
Others		2	0	0		
Blanks		76	24	32	72	204
MOOSE HILL WATER CO	MMISSION Three		Vote for Or			
*Harry R. Brooks†		89	24	62		
Others	***************************************	0		0	1	
Blanks		28	14	9	26	77
HOUSING AUTHORITY	Five years		Vote for Or	 ne		
*Jamie Lee Wood	1 IVE years	95	32	64	97	288
Others	~	1	02	0		+
Blanks		21	6			1.00
TOTAL voters by precinct		117	38	71	120	346
*Denotes winner and † der	notes candidate for	re-election				