TOWN OF LEICESTER ANNUAL TOWN ELECTION June 9, 2015 The following are the results of the votes cast in the Annual Town Election on Tuesday, June 9, 2015. Precinct One Two Three Four Total Vote for not more than TWO SELECTMEN Three years Douglas A. Belanger† Harry R. Brooks Leonard L .lvel Arthur E.J. Levesque Adam J. Menard Others **Blanks** Vote for ONE ASSESSOR Three years William P. Flist (passed away before election *Arthur Paquette Others Blanks Vote for ONE SCHOOL COMMITTEE Three years Scott G. Francist Others Blanks BOARD OF HEALTH Vote for ONE Three years *Christopher M. Montiverdi† Others Blanks Vote for not more than TWO PLANNING BOARD Three years *Debra L. Friedman† *David S. Wright† Others Blanks PUBLIC LIBRARY TRUSTEE Vote for not more than TWO Three years Donald A. Cherry, Sr.† R. Olney White Blanks MOOSE HILL WATER COMMISSION Three years Vote for ONE *Kurt Parliment† Others Blanks Vote for ONE HOUSING AUTHORITY Five years *Robert S. Small† Margaret E. Wilson Others Blanks

			TC	WN OF LE	CESTER			
		ANN		I ELECTIO		2015		
The followi	ng are the r	esults of the	e votes cast	t in the Annเ	ial Town Ele	ection on To	uesday, Jun	e 9, 2015.
			Precinct	One	Two	Three	Four	Total
QUESTION								
Shall the T	own of Leic	ester be alle	owed to exe	mpt from th	e provisions	s of proposi	tion two and	i one-half,
so called, t	he amounts	required to	pay for the	bond issue	d in order to	pay costs	of site acqu	istion,
				and furnishin	g a new fire	station, inc	cluding the	payment
of all costs	incidental a	ind related	thereto?					
*Yes				191	131	131	197	
No				175	107	125	177	584
Blanks				28	17	18	22	85
TOTAL VC	! OTES BY PF	RECINCT		394	255	274	396	1319
* Denotes	winner and	† denotes d	andidate fo	r re-election				



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

2018 JAN 14 AM 8: 21

OI WASSACHUSCUS	File with: City or Town Clark or Election Commission
Fill in Reporting Period dates: Beginning Date: 7/	9/2015 Ending Date: EICESTER, 31ASS 0/5
Type of Report: (Check one)	
	30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Committee Name
ARTHUR E.J. LEVESQUE	WA-
Office Sought and District	Name of Committee Treasurer
LEICESTER BOARD Of SELECTARE	NA
Residential Address	Committee Mailing Address
Telephone Number (optional): 508-892-4576	Telephone Number (optional):
SUMMARY BALANCE	E INFORMATION:
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	14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pag	(e 4)
Line 7: Total (all) outstanding liabilities (page 4)	——————————————————————————————————————
Line 8: Name of bank(s) used:	N/A
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity.	intributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in acco incurred any liabilities nor made any expenditures on my behalf during this reporting p	
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)

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.)

	To Whom Paid			,
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			The state of the s	<u> </u>
				and the same of th
	NOTICE TO SERVICE STATE OF THE SERVICE STATE STA		MARINEZA E MICA MICA MICA MICA MICA MICA MICA MICA	
		Service of the servic		
		Line 12: Total Expenditures over	er \$50 (or listed above)	1
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} 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

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 her report all receipts.

. 12.0	ng include yeur gongmittee name and a page nun Name and Residential Address		Occupation & Employer
Date Received	, (alphabetical listing required)	Amount	(for contributions of \$200 or more)
	NA		
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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
	NA			
contributes more tha	ibution is received from a person who an \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	s over \$50 (or listed above)	
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.		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	NA

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

Date Incurred	To Whom Due	Address	Purpose	Amount
	NOVE			

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



Form CPF M 102: Campaign Finance Report Municipal Form PECEL

Office of Campaign and Political Finance

RECEIVED

2015 JAN -6 AM 9: 29

Fill in Reporting Period dates: Beginning Date: 7//	File with: Given Town Gerkor Electron Commission O/15 Ending Date: DEJEESTER, MASS.
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election
Adom J Menard	Committee to Elect Adam Menced
Candidate Full Name (if applicable)	Committee Name
Scleetman	Pricles Manan
Office Sought and District	Name of Committee Treasurer
7 Harbston Dr Loicests	7 Hachstan De Leirerts
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	124.93
Line 2: Total receipts this period (page 2, line 11)	
Line 3: Subtotal (line 1 plus line 2)	124,93
Line 4: Total expenditures this period (page 3, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	124, 93
Line 6: Total in-kind contributions this period (page	ge 4)
Line 7: Total (all) outstanding liabilities (page 4)	
Line 8: Name of bank(s) used:	try Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 both Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf of this reporting	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: /-5-// x only) best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the s committee in accordance with the requirements of M.G.L. c. 55.
Signed under the negalties of perjury:	(Candidate's signature)

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 repor வெ receipts. Bleas சிற்பெற்றோர்.

	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received :	(alphabetical listing required)	Amount	
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			La constant de la con
			The state of the s
		1	
	\$ 1 mm		

ine 9 Total Rec	ceipts over \$50 (or listed above)		
			
ine 10: Total Re	ceipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD yed receipts of \$50 and under, include them in		← Enter on page 1, line 2

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
T I	(p			
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	The state of the s			
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	11-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
		Line 12: Total Expenditure	s over \$50 (or listed above)	
		Line 13: Total Expenditures	s \$50 and under* (not listed above)	
		TA COUNT EXPENSE	DITURES IN THE PERIOD	

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	E. E			A control of the cont
* 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.		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	

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: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2015 OCT 13 PM 6: 22

UI 1414584CHG5CHG	File With: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	Ending Date: LE Jely 19443.2015				
Type of Report: (Check one)					
	30 day after election year-end report dissolution				
11 05 16					
Candidate Full Name (if applicable)	Committee Name				
Leicuster Selectman	Name of Committee Treasurer				
Office Sought and District	148He of Committee 11Casmor				
2 Wesley DR Lukuster MT Residential Address	**************************************				
Residential Address	Committee Mailing Address				
Telephone Number (optional): 508 735 5605	Telephone Number (optional):				
SUMMARY BALANCI	E INFORMATION:				
	A				
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	: 14)				
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page	ge 4)				
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 my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: 7 - 9 - 15					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)				
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.				
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the s committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Candidate's signature) Date: 7-5-/5				

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
100000000000000000000000000000000000000			

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777777777777777777777777777777777777777			
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11. TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
mu II. IVIAU I		a O. Tino 10 show	<u> </u>

^{*} 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.

(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.)

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
4/28/15	Pensrus	ven York	Pens	122.00
5/21/15	yard Sign wholesale	Florida	law Signs	350.00
	1	Line 12: Total Expenditures o	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI		472.00

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
·				
contributes more th	ribution is received from a person who an \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	over \$50 (or listed above)	
	ss of the contributor; in addition, if the or more, you must also report the ation and employer.	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
-				
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		;		
		·		
	<u> </u>			



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

Office of Campaign and Political Finance RECEIVED

of Massachusetts		,	HALL City or Town Cler	k or Election Commissio
Fill in Reporting Period dates: Beginning	Date: 7/9/		TOWN CYERKS OF LEICESTER. MA	
Type of Report: (Check one)	, en 11		-	
8th day preceding preliminary 8th day preced	ling election 30	day after election	year-end report	dissolution
Candidate Full Name (if applicable)			Committee Name	
LEONARD LI IVEL	-			
Office Sought and District		Na	me of Committee Treasurer	
SELECTMAN				
130 PLEASANT ST		C	ommittee Mailing Address	
Telephone Number (optional): 508-892-33	3Z/ Telej	phone Number (optional)		
SHMMAR	RY BALANCE IN	FORMATION:		
Ť			- (7)	
Line 1: Ending Balance from previous	ous report		29.00	archid
Line 2: Total receipts this period (p	age 2, line 11)		0	
Line 3: Subtotal (line 1 plus line 2)			0	
Line 4: Total expenditures this peri	od (page 3, line 14)		0	
Line 5: Ending Balance (line 3 min	aus line 4)	- 2	29,00	
Line 6: Total in-kind contributions	this period (page 4)		0	
Line 7: Total (all) outstanding liabi	ilities (page 4)		0	
Line 8: Name of bank(s) used:				_
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules activity, including all contributions, loans, receipts, expenditures, dist finance activity of all persons acting under the authority or on behalf	bursements, in-kind contribu	itions and liabilities for th	is reporting period and repre	f all campaign finance sents the campaign
Signed under the penalties of perjury:		(Treasure	d's signature) Date:	
FOR CANDIDATE FILINGS ONLY: Affidavit of Can	didate: (check 1 box only)			
Candidate with Committee I certify that I have examined this report including attached sche activity, of all persons acting under the authority or on behalf of incurred any liabilities nor made any expenditures on my behalf	this committee in accordance	e with the requirements	of, a true and complete statem of M.G.L. c. 55. I have not re	ent of all campaign finan acceived any contribution
Candidate without Committee I certify that I have examined this report including attached sche finance activity, including contributions, loans, receipts, expend campaign finance activity of all persons acting under the authority	itures, disbursements, in-kin ity or on behalf of his comp	Acontributions and liabil	ities for this reporting period	and represents the
La sala	esal LX	1 Candidat	Date:	12/14/15

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.)

	Name and Residential Address		Occupation & Employer (for contributions of \$200 or more)
Date Received 1.	(alphabetical listing required)	Amount	(for contributions of \$200 of more)
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	Realization of the Control of the Co		
ine 9: Total Reco	eipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date 1 and	(arphabetear assumb)			
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			The state of the s	
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		111 (2011)		
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			And the second s	
		Line 12: Total Expenditure	s over \$50 (or listed above)	
		Line 12, Tatal E-mandit-	\$50 and under* (not listed above)	
		Line 15: 10tal Expenditures	and ander (not used above)	
	Enter on page 1 line 4 -	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
contributes more than	bution is received from a person who n \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	s over \$50 (or listed above)	
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.		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount

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			and the second s	
***************************************	•			
	<u> </u>			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED Office of Campaign and Political Finance 2016 JAN 20 PM 6: 45 7-1-15 Fill in Reporting Period dates: Beginning Date: **Ending Date:** Type of Report: (Check one) 30 day after election year-end report dissolution 8th day preceding preliminary 8th day preceding election Candidate Full Name (if applicable) Office Sought and District Residential Address Telephone Number (optional): Telephone Number (optional): SUMMARY BALANCE INFORMATION: 2165,99 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 2, line 11) 2965.99 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) 1000,00 1965.99 **Line 5:** Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) 13,460,00 Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used: Country Bank Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with 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

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: (Candidate's signature) Date:

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. Prease include your committee name and a page number on each page.)

1 ep a m1 u	Name and Residential Address	F-9 -/	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
12-20-15	UFCW Local 1445	200	Unida
12-20-15	UFEW RWDSV 338	200	Unión
	ots over \$50 (or listed above)	400	
	pts \$50 and under* (not listed above) ECEIPTS IN THE PERIOD	400	— Enter war 1 1 2 0
			← Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} 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.

(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.)

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
11-15-15	NEPAC	fatterson p. o	Reford	1000
,				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1000.00

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Para de la companya d				
		- March de Land of the March and the March a		
contributes more than	pution is received from a person who a \$50 in a calendar year, you must report of the contributor; in addition, if the	Line 15: In-Kind Contribution	as over \$50 (or listed above)	
	or more, you must also report the	Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND (CONTRIBUTIONS	

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
Thur 12-20-15	Doug Belanger	13 Harberten Or Joseph	20m	13450,04

.____

e 18: TOTAL OUTSTANDING LIABILITIES

1345000

	AN	TOWN O INUAL TOWN EL			16			
The following are the r						Γuesday June	14, 2016.	
				T			Tatal	
A-1-A-1111		Precinct	One	Two	Three	Four	Total	
SELECTMAN		Three years		Vote for One	57	95	332	
Adam J. Menard			122	58		204	751	
Michael J. Shivick			198	140	209	204	/51	
Others	<u>!</u>			1	1	1	4	
Blanks			8		8	9	32	
Jianko	Total		329	206	275	309	1119	
MODERATOR		Three years		Vote for One			000	
Donald A. Cherry, Jr.1	1		258	169	233	266	926	
Others			2	0	2	1	5	
Blanks	ļ		69	37	40	42	188	
DIGITINO	Total		329	206	275	309	1119	
							-	
ASSESSOR	İ	Three years	1	Vote for One				
*Michael L. DellaCava	Sr†.	-	249	163	223	237	872	
Others			0	3	0	0	3	
Blanks	ļ		80	40	52	72	244	
	Total		329	206	275	309	1119	
SCHOOL COMMITTE	<u>.</u> E	Three years		Vote for not m	ore than	Two		
Gary W. Collette		-	117	63	76	104	360	
Thomas A. Lauder			217	158	213	224	812	
Joseph E. Patterson			99	46	56	60	261	
Stella M. Richard			123	63	87	98	371	
Others			1	0	0	2	3	
Blanks			101	82	118	130	431 2238	
	Total		658	412	550	618	2238	
BOARD OF HEALTH	<u> </u>	Three years		Vote for One			<u> </u>	
Marcela M. Jimenez		711100 70010	135	87	128	141	491	
Richard J. Spaulding			166	104	121	139	530	
			I					
Others			0	0	0	0	0	
Blanks			28	15	26	29	98	
	Total		329	206	275	309	1119	
PLANNING BOARD		Thron years		Vote for One				
Alaa Malek Abusalah		Three years	221	140	204	212	777	
Viaa iniaiev Vongalgii			221	140	۷٦-	212	,,,	
Others			4	1	2	1	8	
Blanks	- Control of the Cont		104	65	69	96	334	
	Total		329	206	275	309	1119	
						_		
PUBLIC LIBRARY TR	USTEE	Three years		Vote for not m	nore than	Iwo		

*Judith A. Bergin†		212	149	208	214	783	
*Ernestine A. Cherry†		239	145	197	239	820	
Others		0	0	1	1,	. 2	
Blanks		207	118	144	164	633	
	Total	658	412	550	618	2238	
MOOSE HILL WATER	R COMMISSION	Three years	Vote for One				
*Carl E. Wicklund Jr.		254	156	217	245	245	
Others		1	1	1	0	0	
Blanks		74	49	57	64	64	
	Total	329	206	275	309	1119	
TOTAL voters by pred							
* Denotes winner and	† denotes candid	late for re-electior	1.				



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance RECEIVED

219 JUN -8 PM 4: 05
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/1	5/16 Ending Dail WN CLERK'S OFFICE
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Committee Name
School Committee Office Sought and District 530 Pleasant St. Leicester Residential Address	Name of Committee Treasurer Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 2, line 11)	5-73. 75
Line 3: Subtotal (line 1 plus line 2)	573.75
Line 4: Total expenditures this period (page 3, lin	e 14)
Line 5: Ending Balance (line 3 minus line 4)	573.75
Line 6: Total in-kind contributions this period (pa	
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
activity, of all persons acting under the authority or on behalf of this committee in acting incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	is committee in accordance with the requirements of M.G.L. c. 55.
Signed under the paralless of parity Lome 1. Com	(Candidate's signature) Date: 6/08/16

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.)

	se include your committee name and a page num Name and Residential Address		Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(10r contributions of \$200 of more)
H1.			
The state of the s			
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1		1711-1111-1111-1111-1111-1111-1111-111	
44			
111111111111111111111111111111111111111		A STATE OF THE PERSON OF THE P	
		William I was a second	
111111111111111111111111111111111111111			
ine 9: Total Rece	ipts over \$50 (or listed above)	E. W.	Endersteam
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
			Future none 1 Pers 2
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/27/16	Fustsigns	120 Stafferd St. Worcester, MA	51345	71.72
6/02/16	Fastnyns	1 (51545	502.03
				-
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	573,75

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			·	
				The state of the s
contributes more tha	bution is received from a person who n \$50 in a calendar year, you must report s of the contributor; in addition, if the	Line 15: In-Kind Contributions	s over \$50 (or listed above)	
	or more, you must also report the	Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

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
			450,75344,741,741	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 6/9	File with: City or Town Clerk or Election Commission 12/31/16
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election Xyear-end report dissolution
stir day preceding premininary stir day preceding election	
GACY William Collette	
Candidate Full Name (if applicable)	Committee Name
School Committee	N CC W T
Office Sought and District	Name of Committee Treasurer
88 Moose Hill Rd. Leicester, MA 01524	
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	# 200, 66 E 28 G
Line 2: Total receipts this period (page 2, line 11)	#0 \$\frac{1}{2} \frac{1}{2} \frac{1}{2}
Line 3: Subtotal (line 1 plus line 2)	<u># 200,66</u>
Line 4: Total expenditures this period (page 3, lin	
Line 5: Ending Balance (line 3 minus line 4)	\$ 200.66
Line 6: Total in-kind contributions this period (pa	ge 4) # O
Line 7: Total (all) outstanding liabilities (page 4)	4 O
Line 8: Name of bank(s) used: NorE	-
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in ac incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period.
Candidate without Committee Certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the nepalties of neriury:	(Candidate's signature) Date: 12/28/16

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.)

Data Dacatana	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1		177	
			The state of the s

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Annual Control of Cont			
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		THE STATE OF THE S	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Recei	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	*0	

^{*} 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.

(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.)

	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Living and the state of the sta				
The state of the s			Linear Control of the	
			Control of the contro	i
		Constitution of the Consti		
				- Hard
		Line 12: Total Expenditures	over \$50 (or listed above)	
			50 and under* (not listed above)	
		Line 14: TOTAL EXPENDI		# ₀

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			,	
contributes more tha	bution is received from a person who n \$50 in a calendar year, you must report s of the contributor; in addition, if the	Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	#0

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
	1			
	1. The state of th		The state of the s	
	<u></u>	<u> </u>		<u> </u>

, 0



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachuse		File with: City or Town Clerk or	Election Commission
Fill in Re	porting Period dates: Beginning Date:	25 16 Ending Date: 123	116
Type of F	Report: (Check one)		
	* * *	30 day after election year-end report	
	telle m Birbard	Leice der Sch	too.
	Candidate Full Name (if applicable)	Committee Name	
	had Committee	m 4	2
	Office Sought and District	Name of Committee Treasurer	
22	s Huland Ave Leic.		
	Residential Address	Committée Mailing Address	·
Telephone N	umber (optional): 508 - 842 - 5135	Telephone Number (optional):	
	SUMMARY BALANC	F INFORMATION.	
	SUMIVIARI DALANC	E MTORWATION.	'
	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)		* # # * 1
	Line 4: Total expenditures this period (page 3, line	e 14)	
	Line 4: Total expenditures this period (page 3, inc		
	Line 5: Ending Balance (line 3 minus line 4)		
	Line 6: Total in-kind contributions this period (pa	nge 4)	
	Line 7: Total (all) outstanding liabilities (page 4)		
•	Line 8: Name of bank(s) used:		-
Toomtify that	Committee Treasurer: I have examined this report including attached schedules and it is, to the best uding all contributions, loans, receipts, expenditures, disbursements, in-kind	t of my knowledge and belief, a true and complete statement of all contributions and liabilities for this reporting period and represent	campaign finance s the campaign
finance activ	rity of all persons acting under the authority or on behalf of this committee in	accordance with the requirements of M.G.L. c. 55.	
"	er the penalties of perjury:	(Treasurer's signature)	
FOR CAL	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)	
I certify	late with Committee y that I have examined this report including attached schedules and it is, to the to fall persons acting under the authority or on behalf of this committee in act any liabilities nor made any expenditures on my behalf during this reporting	cordance with the requirements of M.G.L. c. 33. I have not receive	of all campaign finance wed any contributions,
I certify	late without Committee y that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursement	s, in-kind contributions and habilities for this reporting period and	represents the
campai	gn finance activity of all persons acting under the authority or on behalf of the	is sommittee in accordance with the requirements of M.G.L. c. 55 Date:	12)177
 Signed und	er the penalties of perjury:	(Candidate's signature)	10/10-

SCHEDOTE V: KECKILLS

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 be exported for all persons who contribute \$200 or more in a calendar year.

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.)

Id include only those receipts not itemized above.	no 9. Line 10 shou	ed receipts of \$50 and under, include them in lin	* If you have itemiz
Enter on page 1, line 2		KECEILLS IN LHE LEBIOD	Line 11: TOTAL
		(not listed above) (not listed above)	Line 10: Total Rec
		eipts over \$50 (or listed above)	Line 9: Total Rec
·		,	
•			
	, ,		
			No. of the state o
(for contributions of \$200 or more)	Junomy	Name and Residential Address (alphabetical listing required)	Date Received
Оссирацов & Етрюуег	/aPart ====	se include your committee name and a page numb	port au receipts. Flea

 \mathbf{Fage}

report all expenditures. Please include your committee name and a page number on each page.) (A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and 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 SCHEDALE B: EXPENDITURES

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 3						
-00 061	LOKES IN THE PERIOD	Fine 14: TOTAL EXPEND	स्मादा оग प्रबहुद १, पंगद 4			
	550 and under* (not listed above)	Line 13: Total Expenditures \$				
100bl	(over \$50 (or listed above)	Line 12: Total Expenditures				
				·		
00061	sprent subject unt	enline	3000 MC	Monc		
tanomA	Purpose of Expenditure	Address	To Whom Paid (alphabetical listing)	Date Paid		

spove.

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

1	page	πο	91	ЭпiI	пi	pəpn	bai	pure	abro:	3160	3,9911	imme	Э:
		***					0.70	mair	nttoo	0711	27017	ക്കൂർ	т

ispinites incurted	are still outstanding, as well as those in	ncp page peen teboued previously and	res committees to report ALL liabilities wi g period	inpər čč. o. J.D.M during this reportin	
		EDALE D: LIABILITE		٠	
Mys	ONTRIBUTIONS	Line 17: TOTAL IN-KIND C			
	\$50 & under (not listed above)	Line 16: In-Kind Contributions	contribution is \$200 or more, you must also report the		
	over \$50 (or listed above)	Line 15: In-Kind Contributions	ribution is received from a person who an \$50 in a calendar year, you must report as of the contributor; in addition, if the	contributes more th	
Value	Description of Contribution	Residential Address	From Whom Received*	Date Received	

N Page				
	DING FIVBIFILIES (VFF)	Line 18: TOTAL OUTSTANI	Enter on page 1, line 7 →	
	·			
·				
эпиошА	Purpose	Address	То Whom Due	Date Incurred



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

JUN -9 AM 8: 26

of Massachusetts			File with: City or Town Cle	rk or Election Commission
Fill in Reporting Period dates:	Beginning Date:	Ending I	late.	K'S OFFICE ALMASS
Type of Report: (Check one) 8th day preceding preliminary	8th day preceding election	30 day after election	year-end report	dissolution
om day preceding premimary	dir day proceeding erection			
Patterion Joseph Marie				
Candidate Full Name	(if applicable)		Committee Name	
School Constitles Office Sought an	d District	Na	me of Committee Treasurer	
301-4-6-10	c. Leleuke MA			
30 Lake Sargert D Residential A		С	ommittee Mailing Address	
Telephone Number (optional): 50 \$\foatin{a} \text{Telephone} \text{Number} \text{(optional)} \text{Telephone} \text{(optional)} (opt	364 817 Y	Telephone Number (optional):	:	,
and the second s	SUMMARY BALANC	E INFORMATION:		
Line 1: Ending Bal	ance from previous report		0	
Line 2: Total receip	ots this period (page 2, line 11)		ວ	
Line 3: Subtotal (lin	ne 1 plus line 2)		O	
Line 4: Total exper	aditures this period (page 3, lin	e 14) - 41	13,65	
Line 5: Ending Bal	ance (line 3 minus line 4)		113,65	
Line 6: Total in-kir	nd contributions this period (pa	ige 4)	O	
Line 7: Total (all)	outstanding liabilities (page 4)		<u> </u>	
Line 8: Name of ba	ink(s) used:	og Back Ler	Sowings	
Affidavit of Committee Treasurer:	W. W.		, , , , , , , , , , , , , , , , , , ,	
I certify that I have examined this report including activity, including all contributions, loans, receifinance activity of all persons acting under the a	nts expenditures disbursements in-kind	contributions and habilities for the	us reporung period and repr	of all campaign finance esents the campaign
Signed under the penalties of perjury:		·	r's signature) Date:	
FOR CANDIDATE FILINGS ONL	Y: Affidavit of Candidate: (check 1 b	ox only)		
Candidate with Committee				
I certify that I have examined this report in activity, of all persons acting under the autinouried any liabilities nor made any experi	thority or on behalf of this committee in a	ccordance with the requirements of	of M.G.L. c. 55. I have not	nent of all campaign imance received any contributions,
Candidate without Committee I certify that I have examined this report in finance activity, including contributions, leading to the contributions of the co	oans, receints, expenditures, disbursement	ts, in-kind contributions and liabil	uties for this reporting peno	a and represents the
campaign finance activity of all persons ac	ting under the authority or on behalf of the	ais committee in accordance with	the requirements of M.O.L.	c. 53.
Signed under the penalties of perjury:	466	(Candida	Date te's signature)	:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(101 contributions of \$200 of more)
1			
	·		
	e e e e e e e e e e e e e e e e e e e		
THE PROPERTY OF THE PROPERTY O			
Temporate			
THE PARTY OF THE P			
ine 9: Total Recei	pts over \$50 (or listed above)		
,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			-
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
14. mom 17. T	DECRETATION OF THE DESIGN		
ine II: TUTAL F	RECEIPTS IN THE PERIOD	1	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

eport all expendit	port all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
13 may	Steples	Notich, how	Signs	413.65		
				######################################		
		Line 12: Total Expenditures ov	er \$50 (or listed above)	413.65		
		Line 13: Total Expenditures \$50	0 and under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	413.65		

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
The state of the s				
contributes more that	bution is received from a person who n \$50 in a calendar year, you must report	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
the name and address contribution is \$200 contributor's occupat	s of the contributor; in addition, if the or more, you must also report the tion and employer.	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
•		Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

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
	ALLE CONTROL OF THE C			

TOWN OF LEICESTER

ANNUAL TOWN ELECTION JUNE 13, 2017

The following are the results of the votes cast in the Annual Town Election on TUESDAY JUNE 13, 2017.

	Precinct	One	Two	Three	Four	Total
SELECTMAN	Three years		Vote for not			
Dianna Provencher†		220	157	203	224	804
Sandra M. Wilson		147	105	93	166	511
Suzanne Sears		135	89	133	103	460
write-in		1	3	4	0	8
write-in		0	0	0	0	0
Blanks		105	78	93	109	385
Total votes by precinct		608	432	526	602	2168
SELECTMAN	Two Years		Vote for not	: more than		
Dylan M. Lambert		46	63	52	65	226
Brian P. Green		209	116	166	188	679
write-in		0	1	3	1	5
Blanks		49	36	42	47	174
Total votes by precinct		304	216	263	301	1084
TOWN CLERK	Three years	·	Vote for ON	ΙE		
Deborah K. Davis†		259	191	233	264	947
write-in		ol	ol	0	11	1
Blanks		45	25	30	36	136
Total votes by precinct		304	216	263	301	1084
ASSESSOR	Three years		Vote for ON	ΙĒ		
Paul C. Davis†		236	179	225	241	881
		1	ol	0	2	3
write-in Blanks		67	37	38	58	200
Total votes by precinct		304	216	263	301	1084
SCHOOL COMMITTEE	Three years		Vote for not	t more than	TWO	
Tammy Tebo	Thice years	186	138	171	183	678
Elin Anderson Dolen		150	98	87	107	442
Nathan C. Hagglund		148	87	155	165	555
Joseph John Richardson		38	34	34	32	138
write-in		0	0	0	0	0
write-in		0	0	0	1	1
Blanks		86	75	79	114	
Total votes by precinct		608	432	526	602	2168
BOARD OF HEALTH	Three years		Vote for ON	1E		
Pamela M. Hale		228	167	211	232	838
		0	0	1	4	2
write-in Blanks		76	49	51	68	244
Total votes by precinct		304	216	263	301	1084
PLANNING BOARD	Three years			t more than		
James D. Grimshaw†	illee years	220	161	205	226	812
Sharon J. Nist†		192	140	174	191	697
				4		
write-in		0	0	0	0	1
write-in Blanks		0 196	131	146	184	657
Total votes by precinct		608	432	526	602	2168
PLANNING BOARD	One year	212	Vote for no	t more than 203	218	792
Andrew S. Kulaski		Z1Z	108	203	210	134
write-in		1	0	0	2	3
Blanks		91	57	60	81	3 289
			·			

Total votes by precinct		304	216	263	301	1084
PUBLIC LIBRARY TRUSTEE	Three years		Vote for no	t more than	TWO	
Pauline C. Lareau		215	172	210	228	825
Paul A. Ravina		197	148	187	186	718
write-in		0	0	1	. 0	1
write-in		0	0	0	1	1
Blanks		196	112	128	187	623
Total votes by precinct		608	432	526	602	2168
MOOSE HILL WATER COMMISSION	Three years		Vote for ON	١E		
Harry R. Brooks†		225	124	170	194	713
Michael J. Shivick		66	82	80	87	315
write-in		1	1	3	1	6
Blanks		12	9	10	19	50
Total votes by precinct		304	216	263	301	1084

TOTAL votes cast by precinct were



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

REGEIVED

2017 JUL 1 1 AM 10: 39

Fill in Reporting Period dates: Beginning Date: 6-3	File with: City or Town Clerk or Election Commission B -20/7 Ending Date:
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
DIANA BRUIENCH & C Candidate Full Name (if applicable)	Committee Name
Delettyru	Deville Voltor Besiner Name of Committee Treasurer
26 Charle Steet Wellester	folk 255 Leicos Te R Maoi 524
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	-1392.64
Line 2: Total receipts this period (page 2, line 11)	
Line 3: Subtotal (line 1 plus line 2)	-1392,64
Line 4: Total expenditures this period (page 3, line	14)
Line 5: Ending Balance (line 3 minus line 4)	- 1392.64
Line 6: Total in-kind contributions this period (pag	ge 4)
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
activity, of all persons acting under the authority or on behalf of this committee in accining incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Gandidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	encket (Candidate's signature)

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.)

eport all receipts. Plea	se include your committee name and a page nun	mer on each hage.)	Occupation & Employer
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Received	(alphabetical listing required)	1 IIII I	
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Transmission		100000000000000000000000000000000000000	
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T T T T T T T T T T T T T T T T T T T		Marie Control of the	
Line 9: Total Rece	ipts over \$50 (or listed above)		
10 T / I P	-inter \$50 and under* (not listed above)		
Line IU: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			dd include only those receints not itemized above

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Pald	(aipnauetical usting)	Address	T in pose of Expenditure	Zimount

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		7 10 10 10 10	0.00 (1) (1 1 1	
		Line 12: Total Expenditures of	over \$50 (or listed above)	
		Line 13: Total Expenditures \$	50 and under* (not listed above)	
		Zino 15. Tout Exponentiates \$		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TUDES IN THE PERIOD	1

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
contributes more tha	ibution is received from a person who n \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	over \$50 (or listed above)	
	s of the contributor; in addition, if the or more, you must also report the tion and employer.	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date:
Type of Report: (Check one)	
Sth day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Sandra Wilson	
Candidate Full Name (if applicable)	Committee Name
Selectman-launol piceste	2
Office Sought and District	Name of Committee Treasurer
3May Tower Cir Leic	
Residential Address	Committee Mailing Address CO
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	. 🚜
Line 1: Ending Barance from previous report	<u> </u>
Line 2: Total receipts this period (page 2, line 11	\mathcal{P}
Line 3: Subtotal (line 1 plus line 2)	P
Line 4: Total expenditures this period (page 3, li	ine 14) 259, 78
Line 5: Ending Balance (line 3 minus line 4)	-259.78
Line 6: Total in-kind contributions this period (p	page 4)
Line 7: Total (all) outstanding liabilities (page 4	<i>A</i>
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 be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king	est of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign
finance activity of all persons acting under the authority or on behalf of this committee	in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reporti	the best of my knowledge and belief, a true and complete statement of all campaign final accordance with the requirements of M.G.L. c. 55. I have not received any contribution ing period.
Candidate without Committee Landidate without Committee	the best of my knowledge and belief, a true and complete statement of all campaign onts, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority of the behalf of the campaign finance activity of all persons acting under the authority of the behalf of the campaign finance activity of all persons acting under the authority of the behalf of the campaign finance activity of all persons acting under the authority of the behalf of the campaign finance activity of all persons acting under the authority of the behalf of the campaign finance activity of all persons acting under the authority of the behalf of the campaign finance activity of all persons acting under the authority of the behalf of the campaign finance activity of	(Candidate's signature) Date: 6/19/17

SCHEDULE A: RECEIPTS

N.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 mis. 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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Washington and the same of the			
A CONTRACTOR OF THE CONTRACTOR	- 12-12-12-12-12-12-12-12-12-12-12-12-12-1		
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and the state of t	Anna Anna Anna Anna Anna Anna Anna Anna		
0. E-1. 1 D	into exer \$50 (or listed shove)		
Jine 9: Total Kece	ipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
ine 11. TOTAT	RECEIPTS IN THE PERIOD	P	← Enter on page 1, line 2
ame 11: IUIAL	RECEIL IN IL TERES		ald include only those receipts not 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		-		
,			About the state of	
			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			The state of the s	
	· · · · · · · · · · · · · · · · · · ·			
contributes more than	bution is received from a person who n \$50 in a calendar year, you must report	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
he name and address contribution is \$200 contributor's occupat	s of the contributor; in addition, if the or more, you must also report the tion and employer.	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
MILLION OF OVERLAND		Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	Ø

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	Amound
A PART AND				
		·		
		Line 18: TOTAL OUTSTAN		



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusens	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date:
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
Suzanne Sears	FG T (T)
Candidate Full Name (if applicable) Selection on leicaster	Committee Name 57 55 000
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BAL	ANCE INFORMATION:
Line 1: Ending Balance from previous repor	t <u>670.34</u>
Line 2: Total receipts this period (page 2, lin	ne 11)
Line 3: Subtotal (line 1 plus line 2)	<u> </u>
Line 4: Total expenditures this period (page	3, line 14)
Line 5: Ending Balance (line 3 minus line 4),
Line 6: Total in-kind contributions this period	od (page 4)
Line 7: Total (all) outstanding liabilities (pa	nge 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 activity, including all contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this committee.	the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind contributions and liabilities for this reporting period and represents the campaign nittee in accordance with the requirements of M.G.L. c. 55.
ł company of the comp	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (ch	eck 1 box only)
Candidate with Committee I certify that I have examined this report including attached schedules and it activity, of all persons acting under the authority or on behalf of this commit incurred any liabilities nor made any expenditures on my behalf during this	is, to the best of my knowledge and belief, a true and complete statement of all campaign finan- ttee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions reporting period.
Candidate without Committee I certify that I have examined this report including attached schedules and it finance activity, including contributions, loans, receipts, expenditures, disbucampaign finance activity of all persons acting under the authority or on bel	t is, to the best of my knowledge and belief, a true and complete statement of all campaign usements, in-kind contributions and liabilities for this reporting period and represents the half of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	Candidate's signature) Date: 8/9/17

SCHEDULE A: RECEIPTS

requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees ailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be all persons who contribute \$200 or more in a calendar year.

edule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to all receipts. Please include your committee name and a page number on each page.)

1	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Limount	
-			
			ıq
Line 9: Total Rec	eipts over \$50 (or listed above)		
	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	0. X2-10-1	Enter on page 1, line 2 uld 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 nd records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and eported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to eport all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
ate Paid	(sibilanciicai ustrig)			
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			La Agricologia de la Carte de	
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			11	
<u>'</u>				
		Line 12: Total Expendit	ures over \$50 (or listed above)	
		Line 13: Total Expendit	ures \$50 and under* (not listed above	e)
		Line 14: TOTAL EXP	ENDITURES IN THE PERIOD	

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not 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 on page 1.

Pate Received	nd included in line 16 on page 1. From Whom Received*	Residential Address	Description of Contribution	Value
				<u>, , , , , , , , , , , , , , , , , , , </u>
4-Tuesan more the	ibution is received from a person who an \$50 in a calendar year, you must repo	Line 15: In-Kind Contribut	ions over \$50 (or listed above)	
the name and addre	or more, you must also report the	Line 16: In-Kind Contributi	ons \$50 & under (not listed above)	
contributor's occupa	tion and employer.	Line 17: TOTAL IN-KIN	D CONTRIBUTIONS	

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.

nring this reporting period	To Whom Due	Address	Purpose	Amount
Ate Incultur				
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<u> </u>				
	THE PARTY AND TH			
				<u> </u>
<u> </u>			TOTAL TRANSPORT (ATT)	
	T.i	ine 18: TOTAL OUTSTAN	NDING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2817 JUL 20 AM 11: 41

REULIVEO

City or Town Clerk or Election Commission **Ending Date:** Beginning Date: Fill in Reporting Period dates: Type of Report: (Check one) year-end report dissolution 30 day after election 8th day preceding election 8th day preceding preliminary Committee Name Name of Committee Treasurer Plassent St Frie MA 01524
Residential Address Committee Mailing Address Telephone Number (optional): Telephone Number (optional): 508 892-0247 SUMMARY BALANCE INFORMATION: 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 14) Line 5: Ending Balance (line 3 minus line 4) 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: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with 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. 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 losus receipts expenditures dishuscents in Value and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55 (Candidate's signature) Signed under the penalties of perjury:

SCHEDULE B: EXPENDITURES

d. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts dis of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and don line 13.

Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to out all expenditures. Please include your committee name and a page number on each page.)

ē.	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	Notess Corp.	100 Foster St. Southbridge MA.	Chetwa signs and sticks	305,41
		:		
		Line 12: Total Expenditures o	ver \$50 (or listed above)	305,47
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	
		Line 14: TOTAL EXPENDIT	FURES IN THE PERIOD	305.47

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized bove.

Page 3

namize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the needs records and included in line 16 on page 1.

Jate Received	From Whom Received*	Residential Address	Description of Contribution	Value
5/25/17	Pleasant St. Diner	310 Pleasant St Lic. MA	Food for Met + Great	70, uppa
contributes more th	ribution is received from a person who an \$50 in a calendar year, you must report ss of the contributor, in addition, if the	Line 15: In-Kind Contribution	s over \$50 (or listed above)	70,-
and the second second	or more, you must also report the	Line 16: In-Kind Contributions	s \$50 & under (not listed above)	10
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	80,-
•.				

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 incurre during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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				j
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report A VED Office of Campaign and Political Finance

2017 JUL 18 AM 8: 51

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Jun 5, 2017 Ending Date: Jul 13, 2017
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	ion 🗵 30 day after election 🔲 year-end report 🔲 dissolution
Dylan Michael Lambert Candidate Full Name (if applicable)	Committee Name
Selectman, Two Year Vacancy, Town of Leicester	
Office Sought and District 147 Peter Salem Road Leicester, MA 01524	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: dlam51506@gmail.com	E-mail:
Phone # (optional): (508) 769-4580	Phone # (optional):
SUMMARY BAL	ANCE INFORMATION:
Line 1: Ending Balance from previous repor	rt o
Line 2: Total receipts this period (page 3, lin	ne 11) \$199.20
Line 3: Subtotal (line 1 plus line 2)	\$199.20
Line 4: Total expenditures this period (page	e 5, line 14) (\$199.20)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period	od (page 6) 0
Line 7: Total (all) outstanding liabilities (pa	nge 7) 0
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 activity, including all contributions, loans, receipts, expenditures, disbursements, if finance activity of all persons acting under the authority or on behalf of this commissioned under the penaltics of perjury:	the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind contributions and liabilities for this reporting period and represents the campaign mittee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature). Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che	
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 titee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, reporting period.
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 interests, in kind contributions and liabilities for this reporting period and represents the alf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: Jul 13, 2017

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
flay 3, 2017	Dylan Lambert 147 Peter Salem Road Leicester, MA 01524	171.03	Clerk, Al's Oil Service 307 Hartford Turnpike Shrewsbury, MA 01545
1ay 18, 2017	Dylan Lambert 147 Peter Salem Road Leicester, MA 01524	14.54	
un 3, 2017	Dylan Lambert 147 Peter Salem Road Leicester, MA 01524	8.49	
lun 3, 2017	Dylan Lambert 147 Peter Salem Road Leicester, MA 01524	5.14	
Line 9: Total Rec	eipts over \$50 (or listed above)	171.03	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	28.17	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	199.20	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ine 9: Total Re	eeipts over \$50 (or listed above)	O	<u></u>
	ceipts \$50 and under* (not listed above)		
	corpis \$70 and under (not insted above)	L	<u> </u>
line 11. TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Heart St. 2 to Lot 12 of Lat J	nittee name and a page number	1 0 /	
To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Netbrands Media Corp D.B.A Imprint.com	14550 Beachnut Street Houston, Texas 77083	50 Campaign Signs, 50 Wire Frames for Signs, 7 Day Production Cycle, 4 Day Shipping	171.03
Tractor Supply	1445 Main Street Leicester, MA 01524	Pack of four 5' stakes for stand- out campaign events	8.49
Walmart	20 Soojian Drive Leicester, MA 01524	Three rolls of magnetic tape, for mounting campaign signs to vehicles.	14.54
Walmart	20 Soojian Drive Leicester, MA 01524	Gel-type superglue for assembling stand-out campaign signs.	5.14
4			
		,	
	Line 12: Total Expenditure	es over \$50 (or listed above)	171.03
			28.17
Enter on page 1, line 4	→ Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	199.20
	To Whom Paid (alphabetical listing) Netbrands Media Corp D.B.A Imprint.com Tractor Supply Walmart Walmart	To Whom Paid (alphabetical listing) Netbrands Media Corp D.B.A Imprint.com 14550 Beachnut Street Houston, Texas 77083 Tractor Supply 1445 Main Street Leicester, MA 01524 Walmart 20 Soojian Drive Leicester, MA 01524 Walmart 20 Soojian Drive Leicester, MA 01524 Line 12: Total Expenditure Line 13: Total Expenditure	To Whom Paid (alphabetical listing) Address Purpose of Expenditure Netbrands Media Corp D.B.A Imprint.com 14550 Beachnut Street Houston, Texas 77083 50 Campaign Signs, 50 Wire Frames for Signs, 7 Day Production Cycle, 4 Day Shipping 1445 Main Street Lelcester, MA 01524 Pack of four 5' stakes for stand-out campaign events Walmart 20 Soojian Drive Leicester, MA 01524 Three rolls of magnetic tape, for mounting campaign signs to vehicles. Gel-type superglue for assembling stand-out campaign

^{*} 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
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		The same		
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	A CONTRACTOR OF THE CONTRACTOR	L. A. Lander and T. Lander and		
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		- Constitution of the Cons		
		Line 12: Expenditures or	wer \$50 (or listed above)	
			0 and under* (not listed above)	
	Enter on page 1, line 4	→ Line 14: TOTAL EXPE	ENDITURES IN THE PERIOD ine 13 should include only those expendi	<u> </u>

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not 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 on page 1.

Date Received	From	Whom Received*	Residential Address	De	scription of Contribution	Value
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						•
					j	
				Language		
			Line 15: In-Kind Contribu	tions (over \$50 (or listed above)	0
					50 & under (not listed above) C
		Enter on page 1, line 6	Line 17: TOTAL IN-KIN	D CO	NTRIBUTIONS	

^{*} 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
L. L		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The state of the s	
				The state of the s
	а			
- Average y		The state of the s	7	A A A A A A A A A A A A A A A A A A A
			A property of the control of the con	
		7 → Line 18: TOTAL OUTST		

Page 7



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

2017 JUL 1 1 PM 12: 50 City or Town Clerk or Election Commission of Massachusetts |7/11/2017 **Fnding Date:** Béginning Date: 6/5/2017 Fill in Reporting Period dates: Type of Report: (Check one) dissolution year-end report 30 day after election 8th day preceding election 8th day preceding preliminary The Committee to Elect Nathan Hagglund Committee Name Candidate Full Name (if applicable) Leah Saari Name of Committee Treasurer Office Sought and District 241 Pleasant St. Leicester, MA 01524 Committee Mailing Address Residential Address E-mail: Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 310.00 Line 3: Subrotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 7.28 Line 5; Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Santander Affidavit of Committee Treasurer: is countly 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 coumbitiens, loans, receipts, expenditures, disbursements, in-kind coutributions 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 MOL. c. 55. (Treasurer's signature, Date: 7/11/2017 Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 hox 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 helief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbussements, in-kind contributions and liabilities for this reperting period and represents the campaign finance activity of all persons acting under the authority or ou behalf of this committee in accordance with the requirements of M.G.L. c. 55 Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Please include your committee name and a pa Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5//2017	Leah Saari 241 Pleasant St., Leicester, MA 01524	88.45	
			·
-			
	eccipts over \$50 (or listed above)	88.45	
· · · · · · · · · · · · · · · · · · ·	eceipts \$50 and under* (not listed above)	90.45	
Line 11: TOTA	L RECEIPTS IN THE PERIOD	88.45	Enter on page 1, line 2 uld 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
/5/2017	United States Postal Service	1138 Stafford St., Rochdale, MA 01542	Postage for mailing	166.60
/6/2017	United States Postal Service	1138 Stafford St., Rochdale, MA 01524	Postage for mailing	112.40
				Bay
-				
		Line 12: Total Expenditures	over \$50 (or listed above)	279.
		Line 13: Total Expenditures	\$50 and under* (not listed above)	23
j Žele	Enter on page 1, line 4	J. ine 14. TOTAL EXPEND	ITURES IN THE PERIOD	302

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 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 on page 1.

	T 14	Residential Address	Description of Contribution	Value
Date Received	From Whom Received*	Residential Address	Description of Commission	
		And the second s		
				1 Landanian
			ons over \$50 (or listed above)	
		Line 16: In-Kind Contribution	ons \$50 & under (not listed above	
	Enter on nage 1 line 6	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	
	Effici on hage 1, inic o			

^{*} 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
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Providing managery				Part of the Part o
		Line 18: TOTAL OUTSTAN	TANK TANK TOTAL	0



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

7117 SEP 18

of Massachusetts	File with: City or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date: Ju	une 4,2017 Ending Date: June 13,201
Type of Report: (Check one)	र्रेंग क
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Elin Dolen .	
Candidate Full Name (if applicable)	Committee Name
School Committee	
Office Sought and District	Name of Committee Treasurer
69 Hemlack St	Committee Mailing Address
Residential Address	Telephone Number (optional):
Telephone Number (optional):	
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 2, line 1	11)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 3, l	, line 14) <u> </u>
Line 5: Ending Balance (line 3 minus line 4)	<u>O</u>
Line 6: Total in-kind contributions this period ((page 4) O
Line 7: Total (all) outstanding liabilities (page	:4)
Line 8: Name of bank(s) used:	
Affidavit of Committee Tressurer: I certify that I have examined this report including attached schedules and it is, to the bactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kit finance activity of all persons acting under the authority or on behalf of this committee.	
Signed under the ponsities of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check i	c 1 box only)
Candidate with Committee Certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee is incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign fi in accordance with the requirements of M.G.L. c. 55. I have not received any contribut orting period.
Condidate without Committee I certify that I have examined this report including attached schedules and it is, to fluance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf of Signed under the penalties of perjury:	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the fof this committee in accordance with the requirements of M.G.L. c. 55 (Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphanetical asting required)	1 TAMOUAL	
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ine 9: Total Rece	eipts over \$50 (or listed above)]
	1 . 600 1 1 4 4 11 1 1 -1 .		
ine 10: Total Rec	eipts \$50 and under* (not listed above)	<u></u>	4
Small TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			ald include only those receipts not itemized above.

^{*} 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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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			1	
				<u> </u>
<u> </u>		Line 12: Total Expenditu	res over \$50 (or listed above)	
			res \$50 and under* (not listed above)	
	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPE	NDITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not 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 on page 1.

Date Received	nd included in line 16 on page 1. From Whom Received*	Residential Address	Description of Contribution	Value
ALC ACCCATON				
	ribution is received from a person who an \$50 in a calendar year, you must repo	ort Line 15: In-Kind Contributi	ions over \$50 (or listed above)	
the name and addresses to the contribution is \$20	ess of the contributor; in addition, it the 0 or more, you must also report the	Line 16: In-Kind Contributi	ons \$50 & under (not listed above))
contributor's occup	ation and employer. Enter on page 1, line 6	→ Line 17: TOTAL IN-KINI	O CONTRIBUTIONS	L

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.

ing this reporting per	To Whom Due	Address	Purpose	Amount
ate Incurred	TO WANT Due			
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			THE TAXABLE PRINCE (ATT)	
	Briter on page 1, line 7 =	Line 18: TOTAL OUTSTAL	NDING LIABILITIES (ALL)	L



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

DI IMB2290(10000)2	File with: City of Town Cierk of Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date:
Type of Report: (Check one)	
	30 day after election year-end report
8th day preceding preliminary 8th day preceding election	30 day area of conton
Tosoph T Richardson	Committee Name
Candidate Full Name (if applicable)	Optimization 1 (man)
	** 5
School Committee	
Office Sought and District	Name of Committee Treasurer
a no and in clampa AFNI	
336 River St Leicester MA 01524	Committee Mailing Address
Residential Address	Committee Maining Address
The state of the s	Telephone Number (options!):
Telephone Number (optional):	
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 2, line 1)	1)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 3, li	ine 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 4)
Line 7: Total (all) outstanding liabilities (page 4	1)
Line 8: Name of bank(s) used:	-
Affidavit of Committee Treasurer:	
	pest of my knowledge and belief, a true and complete statement of all campaign finance
I certify that I have examined this report including anached schedules and it is, to the bactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee	
Signed under the penalties of perjury:	(Treasurer's signature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)
Candidate with Committee	
	the best of my knowledge and belief, a true and complete statement of all campaign finangenerizations the requirements of M.G.L. c. 55. I have not received any contributions ting period.
	o the best of my knowledge and belief, a true and complete statement of all campaign lents, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
campaign tinance activity of all persons acting under the authority of our schall of	(Condidately signature) Date: 8/9/17
Signed under the penalties of perjury: Suph lu	(Candidate's signature) Date: 8/9//

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.)

	ase include your committee name and a page num Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			[[]
			4
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] [
		J L	
		<u> </u>	
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
I ina 11. TOTAT	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
mine it tolur		- 0 Th- 10 d-	ould 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 nd records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and eported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				[]
]
				<u> </u>
		Line 12: Total Expenditu	ures over \$50 (or listed above)	
		Line 13: Total Expenditu	res \$50 and under* (not listed above)
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I ine 14 TOTAL EXPE	NDITURES IN THE PERIOD	

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.

mmittee's records and included in line 16 on page 1.	Residential Address	Description of Contribution	Value
ate Received From Whom Received			
		<u> </u>	
			<u></u>
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must repe	ort Line 15: In-Kind Contribution	ons over \$50 (or listed above)	
the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the	Line 16: In-Kind Contribution	ons \$50 & under (not listed above)	
("List-de connection and employer.	→ Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

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

TITE Date	Address	Purpose	Amount
o Whom Due	71041 555		1
			1
	The state of the s	•	
			<u> </u>
		l.	
	i I		
. 11 7 5	Line 18: TOTAL OUTSTANI	OING LIABILITIES (ALL)	
	o Whom Due		whom Due Address Purpose



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

2117 JUL 20 PM 1: 01

DI Iviassachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date:
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30 day	after election year-end report dissolution
Thomas Tehn	
Candidate Full Name (if applicable)	Committee Name
School Committee, Leicester Office Sought and District	Name of Committee Treasurer
394 Henshaw Street	
Residential Address	Committee Mailing Address
Telephone Number (optional): 508-330-0945 Telephone	Number (optional):
SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	*245.70
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	\$ 245,70
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	\$245,70
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my know activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority or on behalf of this committee in accordance.	s and habilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my activity, of all persons acting under the authority or on behalf of this committee in accordance wi incurred any liabilities nor made any expenditures on my behalf during this reporting period.	th the requirements of M.G.L. c. 55. I have not received any confitoutions,
Candidate without Committee OR Candidate with independent activity filing separate report certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements in-kind co campaign finance activity of all persons acting ander the authority or on behalf of this committee.	knowledge and belief, a true and complete statement of all campaign neribilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 7/1/7

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	DOS TO THE PARTY OF THE PARTY O		
-			
Line 9: Total Rec	ceipts over \$50 (or listed above)		
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			ould include only those receipts not itemized above.

^{*} 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 an expend	To Whom Paid	Page Hamos on	programme progra	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Day Bark Ranch A		
14/1-1:0	D. 201	1501 200000	Campaign Signs	\$230.70
7/17/17	Dirt Cheap Signs Staples	Lago VISTa, 1× 18645		
, ,		431, South bridge St	Campaign Flyers	0
4/21/17	Staples	As hura ma 81571	Chinpaign Hyers	\$15.00
	Organ	Aubur or or		
L				
				Į.
				8 11
		Line 12: Total Expenditures or	ver \$50 (or listed above)	8245.70
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$245.70

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
America				
				··· ·
:				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				1
				Table 1
] [
		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 an	d under* (not listed above)	
	T). 4 4 .Tim A	Line 14: TOTAL EXPEND		
			S should include only those expendite	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				The state of the s
and and a second				L Laboratoria
				·
		Line 15: In-Kind Contribution	as over \$50 (or listed above)	
			s \$50 & under (not listed above))
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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.

ate Incurred	To Whom Due	Address	Purpose	Amount
			as () () () () () () () () () (
Long to the state of the state				
			Annual Control of the	
	Enter on page 1, line 7	→ Line 18: TOTAL OUTST	ANDING LIABILITIES (AL	L) Pag