Commonwealth of Massachusetts

Form CPF M101 : STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM

Office of Campaign and Political Finance

C J Meey
ORLEANS TOWN CLERK

'11 MAY 12 4:29PM

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

1. Committee Name: COMMITTEE TO ELECT SIMS McGRATH
(The name of the committee must include the candidate's last name)

2. Committee Address: 7 CHAPIN CIRCLE, ORLEANS, MA, 02653

2a. Mailing Address: SAME

3. Purpose: SELECTMAN

4. Officers:

	Name	Residential Address	Zip	Tel. No.
Chairman:	SIMS MCGRATH JR	7 CHAPIN CIRCLE,	ORLEANS MA 02653	508-255-0616
Treasurer:	GAIL MEYERS-LAVIN	P.O. BOX 1565,	ORLEANS 02653	508 255 2792
Other officer:	X			
Other officer:	X			

Attach additional page, if necessary, with other officers and finance committee, if any

5. Candidate: SIMS MCGRATH JR 7 CHAPIN CIRCLE ORLEANS 508-255-0616

Name	Address	Zip	Tel. No.
SIMS MCGRATH JR	7 CHAPIN CIRCLE	ORLEANS	508-255-0616

6. Office Sought: SELECTMAN TOWN OF ORLEANS ( )

Title	District	Party affiliation, if applicable
SELECTMAN	TOWN OF ORLEANS	( )

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.
SIGNED UNDER THE PENALTIES OF PERJURY:

Sims McGrath JR — 5/11/11
Candidate's signature — Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.
SIGNED UNDER THE PENALTIES OF PERJURY:

X Gail Meyers-Lavin — 5/12/11
Treasurer's signature — Date

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature — Date

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

K Darling, Asst.
ORLEANS TOWN CLERK
'11 JUN 17 3:19PM

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 9, 2011 Ending Date: Jun 16, 2011

Type of Report: (Check one)

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

SIMS McGRATH, JR Candidate Full Name (if applicable)	COMMITTEE TO ELECT SIMS McGRATH, JR Committee Name
SELECTMAN Office Sought and District	GAIL MEYERS LAVIN Name of Committee Treasurer
7 CHAPIN CIRCLE, ORLEANS, MA 02653 Residential Address	7 CHAPIN CIRCLE, ORLEANS, MA 02653 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	835.04
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	835.04
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	835.04
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	TD BANK

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

Signed under the penalties of perjury: Gail Meyers Lavin (Treasurer's signature) Date: Jun 16, 2011

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Sims McGrath (Candidate's signature) Date: Jun 16, 2011

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)

Line 9: Total Receipts over $50 (or listed above)	0	
Line 10: Total Receipts $50 and under* (not listed above)	0	
Line 11: TOTAL RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Total Expenditures over $50 (or listed above)	0
Line 13: Total Expenditures $50 and under* (not listed above)	0
Line 14: TOTAL EXPENDITURES IN THE PERIOD	0

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

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

Enter on page 1, line 4 →

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than $50. In-kind contributions $50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	0
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

Enter on page 1, line 6 →

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

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

Commonwealth of Massachusetts

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

ORLEANS TOWN CLERK
K Darling, Asst
'11 MAY 9 2:29PM

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month JANUARY Date 1 Year 2011 Ending Month APRIL Date 29 Year 2011

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

SIMS M'GRATH JR.
Full Name of Candidate (if applicable)
SELECTMAN ORLEANS, MA
Office Sought and District
7 CHAPIN CIRCLE
Residential Address
ORLEANS MA 02653
Tel. No. (optional)

COMMITTEE TO ELECT SIMS M'GRATH JR
Committee Name
GAIL MEYERS LAVIN
Name of Committee Treasurer
7 CHAPIN CIRCLE
Committee Mailing Address
ORLEANS, MA 02653
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 735.04
Line 2: Total receipts this period (page 2, line 11)	$ 100.00
Line 3: Subtotal (line 1 plus line 2)	$ 835.04
Line 4: Total expenditures this period (page 3, line 14)	$ 0.00
Line 5: Ending balance (line 3 minus line 4)	$ 835.04
Line 6: Total in-kind contributions this period (page 4)	$ 0.00
Line 7: Total (all) outstanding liabilities (page 4)	$ 0.00
Line 8: Name of bank(s) used	TD BANK

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

Signed under the penalties of perjury:

Gail Meyers Lavin — 5/9/11
Treasurer's signature (in ink) — Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink) — Date

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of $200 or more)
11/24/11	AUGUSTA F. & KENNETH A MCKUSICK	100	00	—
	48 NAMEQUOIT RD S. ORLEANS, MA 02662			—
Line 9: Total receipts in excess of $50 (or listed above)				
Line 10: Total receipts $50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	00	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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Line 12: Expenditures over $50			
		Line 13: Expenditures $50 and under*			
		Line 14: TOTAL EXPENDITURES		0	00

Enter on page 1, line 4

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than $50. In-kind contributions $50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-kind over $50	
			Line 16: In-kind $50 and under	
Enter on page 1, line 6			**Line 17: Total In-kind**	-0-

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7			**Line 18: OUTSTANDING LIABILITIES (ALL)**	-0-

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

printed on recycled paper

Commonwealth of Massachusetts

Form CPF M101 : STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

C J Mccy
ORLEANS TOWN CLERK

File with:
City or Town Clerk or Election Commission

'11 MAY 12 4:29PM

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

1. Committee Name: COMMITTEE TO ELECT SIMS McGRATH
(The name of the committee must include the candidate's last name)

2. Committee Address: 7 CHAPIN CIRCLE, ORLEANS, MA, 02653

2a. Mailing Address: SAME

3. Purpose: SELECTMAN

4. Officers:

	Name	Residential Address	Zip	Tel. No.
Chairman:	SIMS MCGRATH JR	7 CHAPIN CIRCLE,	ORLEANS MA	02653 508 255-0616
Treasurer:	GAIL MEYERS-LAVIN	P.O. BOX 1565,	ORLEANS	02653 508 255 2792
Other officer:	X			
Other officer:	X			

Attach additional page, if necessary, with other officers and finance committee, if any

5. Candidate: SIMS MCGRATH JR, 7 CHAPIN CIRCLE ORLEANS 508 255-0616
Name Address Zip Tel. No.

6. Office Sought: SELECTMAN TOWN OF ORLEANS
Title District Party affiliation, if applicable

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.
SIGNED UNDER THE PENALTIES OF PERJURY:

Sims McGrath 5/11/11
Candidate's signature Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.
SIGNED UNDER THE PENALTIES OF PERJURY:

X Gail Meyers Lavin 5/12/11
Treasurer's signature Date

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date

♻

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

K Darling, Ass
ORLEANS TOWN CLERK
'11 JUN 17 3:19PM

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 9, 2011 Ending Date: Jun 16, 2011

Type of Report: (Check one)

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

SIMS McGRATH, JR Candidate Full Name (if applicable)	COMMITTEE TO ELECT SIMS McGRATH, JR Committee Name
SELECTMAN Office Sought and District	GAIL MEYERS LAVIN Name of Committee Treasurer
7 CHAPIN CIRCLE, ORLEANS, MA 02653 Residential Address	7 CHAPIN CIRCLE, ORLEANS, MA 02653 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	835.04
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	835.04
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	835.04
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	TD BANK

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

Signed under the penalties of perjury: Gail Meyers Lavin (Treasurer's signature) Date: Jun 16, 2011

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Sims McGrath (Candidate's signature) Date: Jun 16, 2011

Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

'12 JAN 17 2:35PM

ORLEANS TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2011 Ending Date: Dec 31, 2011

Type of Report: (Check one)

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

SIMS McGRATH, JR Candidate Full Name (if applicable)	COMMITTEE TO ELECT SIMS McGRATH, JR Committee Name
SELECTMAN, ORLEANS, MA Office Sought and District	GAIL MEYERS LAVIN Name of Committee Treasurer
7 CHAPIN CIRCLE, ORLEANS, MA 02653 Residential Address	7 CHAPIN CIRCLE Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	835.04
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	835.04
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	835.04
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	TD BANK

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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: Jan 13, 2012

FOR CANDIDATE FILINGS ONLY: **Affidavit of Candidate: (check 1 box only)**

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: Jan 13, 2012

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)

Line 9: Total Receipts over $50 (or listed above)	0	
Line 10: Total Receipts $50 and under* (not listed above)	0	
Line 11: TOTAL RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

SCHEDULE 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

	Line 12: Total Expenditures over $50 (or listed above)	0
	Line 13: Total Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	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.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than $50. In-kind contributions $50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	0
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

Enter on page 1, line 6 →

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

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