

Form CPF M 102: Campaign Finance

Municipal Form

JAN 19 2012

Office of Campaign and Political Finance

ELECTION COMMISSION

of Massachusetts	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 102-	1 2011 Ending Date: /2 · 3/ · //				
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	☐ 30 day after election				
Candidate Full Name (if applicable)	THE COMMITTEE TO ELECT JAMES J DIUS TO Committee Name				
ATTLEBORO CITY COUNCIL AT LARGE Office Sought and District	Joby BLAIS Name of Committee Treasurer				
140 N MAIN ST #108 ATTLEBOR MM on 103 Residential Address	40 N MIN ST # 10B ATTLEBORO MA 02703 Committee Mailing Address				
Telephone Number (optional):	Telephone Number (optional): 508 222 503 (
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	1442.68				
Line 2: Total receipts this period (page 3, line 11)	0				
Line 3: Subtotal (line 1 plus line 2)	1442.68				
Line 4: Total expenditures this period (page 5, line 14)					
Line 5: Ending Balance (line 3 minus line 4)	Ø.≱ .80 ¢				
Line 6: Total in-kind contributions this period (page 1)	age 6) 433.63				
Line 7: Total (all) outstanding liabilities (page 7)	<u> </u>				
Line 8: Name of bank(s) used: POCKLAND TRUST					
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:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 h	oox 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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting.	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period.				
Candidate without Committee OR Candidate with independent activity filing. I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement of the contributions of the contributions activity of all persons acting under the authority or on behalf of the contributions.	the best of my knowledge and benef, a true data complete contributions and liabilities for this reporting period and represents the				

(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.)

Tall receipts. F	lease include your committee name and a page number on each		Occupation & Employer (for contributions of \$200 or more)	
ate Received	(alphabetical listing required)	Amount	(IOI CONCIDENTE	
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		_ L		
			-	
•				
Line 9: Total Re	ceipts over \$50 (or listed above)			
	eceipts \$50 and under* (not listed above)			
L			← Enter on page 1, line 2	
Line 11. TOTA	L RECEIPTS IN THE PERIOD	1	Enter on page 1, line 2 should include only those receipts not itemized above. Pa	

^{*} 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.)

report all expend	litures. Please include your comm	ittee name and a page number ou	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/4/2011		12 CHANNEL ST	PUSHCARD MAILING	991.88
4/2011	BFS DANIELS	Bosion Ma 🗪		<u> </u>
	GREATER ATTLEBOPO	PAPK ST	POW [MI# 1911	40
11/15/2011	POW/MIA/9U COMMUTTEE	ATTUEBORD MA 02403	FUNDRAISER	
	SCORPIOS	PARK ST	CAMPAIS N STAFF	₹
11/9/2011		ATTLEBORD MA	FOOD PERFESSIONENTS	30
ادادا	THE SUN	34 S. MAIN ST		*350
11/4/204	CHRONICLE	ATTLEBORD NA 02703	MOVERTISING	
	THE SUA	34 S. MAIN SP		¥ 30
12/9/2011	CHRONICLE	ATTLEBORD MA 02303	ADVERTISING	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1		
		Line 12: Total Expenditures o	ver \$50 (or listed above)	1441.88
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 144.88				
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

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

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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
10/31/2011	HOWARD BIEBAULT	591 WILMARTH PD ATHLEBORD NA 02703	PHONE SERVICE	4 100
119111	Amy DILISIO	140 N. MAIN #10B ATTLEBORD MA 02703	FOOD AND REPRESH- MEUTS FOR CAMPAIDN STAFF	# ₁₁₃ 63
1/18/12	Amy Dilisio	ATTLEBORO MA 02703	THE SUN CHRONICLE ADVERTISING	22090
				7//
The state of the s				U32/2
Line 15: In-Kind Contributions over \$50 (or listed abo		s over \$50 (or listed above)	133,63,60	
		Line 16: In-Kind Contributions	\$ \$50 & under (not listed above	433,63
Enter on page 1, line 6 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS Line 17: TOTAL IN-KIND CONTRIBUTIONS			name and address	

^{*} 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.

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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)				