

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Fel	File with: City or Town Clerk or Election Commission B 2, 2015 Ending Date: MBy 1, 2015
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
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	# 8,00
Line 2: Total receipts this period (page 3, line 11)	\$ ○ . ○ ○ *
Line 3: Subtotal (line 1 plus line 2)	PG.00
Line 4: Total expenditures this period (page 5, line	14) \$360.90
Line 5: Ending Balance (line 3 minus line 4)	\$ -369.90
Line 6: Total in-kind contributions this period (pag	ge 6) A C . C C
Line 7: Total (all) outstanding liabilities (page 7)	-360.90
Line 8: Name of bank(s) used:	7 Americe
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cofinance 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
Signed under the penalties of perjury:	(Treasurer's signature) Date: 5/1/5
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 I activity, of all persons acting under the authority or on behalf of this committee in accinicurred any liabilities nor made any expenditures on my behalf during this reporting process.	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,
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the I 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
Signed under the penalties of perjury:	(Candidate's signature) Date:

Michael Bouchard

From:

Jack Petropoulos < jack.petropoulos@gmail.com>

Sent:

Monday, May 11, 2015 1:45 PM

To: Subject: Michael Bouchard

Re: OCPF Report

Hi Mike

I am traveling and cannot do anything for a couple of days. I would be grateful if you would make the adjustment and appreciate the help.

Jack

On May 11, 2015 8:14 AM, "Michael Bouchard" < mbouchard@townofgroton.org> wrote:

Hi Jack,

With your permission, I will adjust the first page of your OCPF report for the 8th day preceding he election to look like the attached. The reason for this is that you have self-funded your receipts (Line 2) and you do not have Liabilities (line 7). I will attach this to your report. When you're around, I'll ask you to sign the revision.

Alternatively, you could sign the attached and email it back to me.

Thanks, Mike

Michael Bouchard
Town Cleif
173 fd sin Street
Groton IMA 01450
Office: 978-448-1100
FAX: 978-448-2030

www.fownofficton.org

Town Clerk Office Hours - Effective September 10, 2012

 Monday
 \$:00 AM to 7:00 PM

 Tuesday
 \$:00 AM to 4:00 PM

 Wednesday
 \$:00 AM to 4:00 PM

 Thursday
 \$:00 AM to 4:00 PM

 Friday
 \$:00 AM to 1:00 PM

Please note that the Massachusetts Attorney General has determined that emails are a public record. Privacy should not be expected.



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le with: ty or Town Clerk or Election Commission Please print or type all information, except signatures.	i n ayanin ka jera ka ka			
Fill in dates: Month Date Yes Month Date Reporting Period Beginning Feb 2 2015 Ending MAY 3	Yea 70/3			
Type of report: (Check one) Sth day preceding preliminary Asth day preceding election 30 day after election year-end report	□dissolution			
John Petropoulos				
Full Name of Candidate (if applicable) Committee Name Scientific (if applicable)	- Price of Personal P			
Office Sought and District 18 Kemp ST GIZUTUAI MM Name of Committee Treasurer	(gentlabelinin-may 200 szazza műze erre			
Residential Address Committee Mailing Address				
Tel. No. (optional)	ptional)			
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) \$ 360, 90				
Line 3: Subtotal (line 1 plus line 2) \$ 360, 90				
Line 4: Total expenditures this period (page 3, line 14) \$ 3.0, 90	-			
Line 5: Ending balance (line 3 minus line 4)				
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 Bank of Amenica				
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 state finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting per 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. of Signed under the penalties of perjury:	iod and represents the			
Treasurer's signature (in ink) Date				
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)				
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 state 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. It 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 state finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting peri 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. Signed under the penalties of perjury:	have not received any ment of all campaign od and represents the			
Candidate signature (in ink) Date	D-vell Children and Communications as a second			

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 limite 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)	
3/24/3	Self funded	360	90	Se C	
-	,				
			Western Control of the Control of th		
					
A CONTRACTOR OF THE PARTY OF TH					
And the second s					
A CONTRACTOR OF THE PARTY OF TH					
ne de la companya de	·				
Ling O: To	ntal receipts in excess of CSA (as listed shows)				
Line 9: Total receipts in excess of \$50 (or listed above)		260	90		
	otal receipts \$50 and under* (not listed above)	3/2		Enter on nage 1 line 2	
Line II: 10	OTAL RECEIPTS IN THE PERIOD	360		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.

Page 2

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 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	
Pate raid	(schuanencar uzung)	Addiess	1 at bose of Experiment	Famount	
7/2/15	Build a Sign	11525 A Stane Violion Dr Stank 100 Austra TX 78758	Yard Signs	360.90	
		Austra TX 78758			
The second secon	Line 12: Total Expenditures over \$50 (or listed above)			360.20	
	Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				360 A0	

^{*} 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 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
· · · · · · · · · · · · · · · · · · ·				
		AND ADDRESS OF THE PARTY OF THE		
***************************************		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	3

^{*} 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
	50.33		
	·		
		-	
The state of the s	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

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

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