



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
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File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
 Reporting Period Beginning Feb 1 2017 Ending April 28 2017

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

Becky Pine
 Full Name of Candidate (if applicable)
Selectman
 Office Sought and District
100 Hollis St
 Residential Address
Groton MA 01450
 Tel. No. (optional)

Committee to Elect Becky Pine Selectman
 Committee Name
Louis DiMola
 Name of Committee Treasurer
530 Longley Rd
 Committee Mailing Address
Groton, MA 01450
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$
 Line 2: Total receipts this period (page 2, line 11) \$ 1,660⁰⁰
 Line 3: Subtotal (line 1 plus line 2) \$ 1,660⁰⁰
 Line 4: Total expenditures this period (page 3, line 14) \$ 0
 Line 5: Ending balance (line 3 minus line 4) \$ 1,660⁰⁰

Line 6: Total in-kind contributions this period (page 4) \$ 0
 Line 7: Total (all) outstanding liabilities (page 4) \$ 782.99
 Line 8: Name of bank(s) used Workers Credit Union, Groton

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:
Louis DiMola 978-857-6384 5/2/17
 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:
Rebecca H Pine May 4 2017
 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)
3/14	Stoddart M. 59 Long Hill Groton MA	25	00	
3/3	Becky Pine Hollis St Groton MA	200	00	Retired
2/28	Mike Wolk 20 West St Groton MA	50	00	
4/2	Rob & Sue Lotz Indian Hill Rd Groton MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		300	00	
Line 10: Total receipts \$50 and under* (not listed above)		75	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		375	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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7/15	Camilla Blackmar 61 Main St Grafton MA	75 00	
3/27	Cannors' Box 198 Grafton MA	100 00	
3/3	D.Mola's 536 Longley Grafton, MA	100 00	
3/4	Furich's 92 Reilly Road Grafton MA	25 00	
3/2	Pat Hartvigsen 29 Pleasant St Grafton MA	75 00	
3/2	Hewitt's 700 Longley Grafton, MA	150 00	
3/7	Hammer's 640 Townsend Rd Grafton MA	50 00	
3/2	Mary Jennings 62 Blossom Ave Grafton MA	100 00	
2/26	Leiman + Johnson 8 Elm St Grafton, MA	100 00	
3/1	McLure + Muehlke 109 Common Grafton, MA	50 00	
4/26	McElroy 50 Mayfield Rd Grafton, MA	100 00	
3/2	Strabens Box 95 Grafton MA	50 00	
2/20	Stein/Julie 118A Hollis St Grafton, MA	200 00	Retired
3/2	Owen Schuman 79 Martins Pond Grafton MA	75 00	
4/2	Speckmanns 94 Rocklin Rd Grafton MA	35 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1075 00	
Line 10: Total receipts \$50 and under* (not listed above)		210 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1285 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 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				
Line 17: Total In-kind				

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
3/1/17	Becky Aive	110 Hollis St Groton	Campaign Signs	407 ⁶⁶
3/28/17	Becky Aive	110 Hollis St Groton	Campaign Card Handouts	165 ³³
4/21/17	Becky Aive	110 Hollis St Groton	Newspaper Ads	180 ⁰⁰
4/30/17	Becky Aive	110 Hollis St Groton	Misc. Campaign Expens	30 ⁰⁰
Line 18: OUTSTANDING LIABILITIES (ALL)				782.99

Enter on page 1, line 7

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.

