



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

STATE OF MASSACHUSETTS  
OFFICE OF REGISTRARS  
TEWKSBURY, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

10 APR 20 PM 12:08

**Fill in dates:**

Reporting Period Beginning 01 <sup>Month</sup> 01 <sup>Date</sup> 2010 <sup>Year</sup> Ending 03 <sup>Month</sup> 23 <sup>Date</sup> 2010 <sup>Year</sup>

**Type of report: (Check one)**

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

STRONACH ANNE MARIE

Full Name of Candidate (if applicable)

TEWKSBURY SELECTMAN

Office Sought and District

14 PILLSBURY AVE

Residential Address

TEWKSBURY, MA 01876

978-851-2062

Tel. No. (optional)

COMMITTEE TO ELEC  
ANNE MARIE STRONACH

Committee Name

DIANE FRANCIS

Name of Committee Treasurer

14 PILLSBURY AVE

Committee Mailing Address

TEWKSBURY, MA 01876

978-851-2062

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	<u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>940.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>940.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>660.78</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>279.22</u>
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Line 6: Total in-kind contributions this period (page 4)	\$	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>0</u>
Line 8: Name of bank(s) used		<u>TEWKSBURY FEDERAL CREDIT UNION</u>

**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 (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)
3/5	KUEGLER, LISA 203 KENDALL RD, TENKS	75 00	
3/5	POLIMENO, PHIL & KRISTEN 58 BRIDLE PATH, TENKS.	100 00	
3/5	SCHIAVONE, BARBARA, & SAL 60 SCOTTLAND DR., TENKSBURY	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)	275 00		
Line 10: Total receipts \$50 and under* (not listed above)	665 00		
Line 11: TOTAL RECEIPTS IN THE PERIOD	940 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.  
Page 2



**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
Enter on page 1, line 6			Line 15: In-kind over \$50	
Enter on page 1, line 6			Line 16: In-kind \$50 and under	
Enter on page 1, line 6			Line 17: Total In-kind	

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STATE OF MASSACHUSETTS  
SECRETARY OF THE STATE

\* 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)	