



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

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File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

2013 OCT 28 P 3:37

Fill in dates: Reporting Period Beginning Month 05 Date 14 Year 2013 Ending Month 10 Date 27 Year 2013

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

CALVIN J MCFADDEN, SR  
 Full Name of Candidate (if applicable)  
SCHOOL COMMITTEE MEMBER-AT LARGE  
 Office Sought and District  
34 Signal Hill Circle - Spfld MA  
 Residential Address 01118  
413-782-7151  
 Tel. No. (optional)

The Committee To Elect Calvin J McFadden SR  
 Committee Name  
CAROLYN WARE  
 Name of Committee Treasurer  
34 Signal Hill Circle - Spfld MA 01118  
 Committee Mailing Address  
413-782-7151  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ N/A  
 Line 2: Total receipts this period (page 2, line 11) \$ 21,540.51  
 Line 3: Subtotal (line 1 plus line 2) \$ 21,540.51  
 Line 4: Total expenditures this period (page 3, line 14) \$ 19,336.84  
 Line 5: Ending balance (line 3 minus line 4) \$ 2,203.67 *cm*  
 Line 6: Total in-kind contributions this period (page 4) \$ - 0 -  
 Line 7: Total (all) outstanding liabilities (page 4) \$ - 0 -  
 Line 8: Name of bank(s) used SOVEREIGN/SANTANDER

**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.  
Carolyn Ware Signed under the penalties of perjury: 10/28/13  
 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.  
Calvin J. McFadden Signed under the penalties of perjury: 10/28/13  
 Candidate signature (in ink) Date

# The Committee to Elect Calvin J McFadden Sr

## 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)
10/4/13	Abdelahad, Anthony 583 Rear 8 - Boston, MA 02127	200 00	Self-employed
5/26/13	Adeyemi, Tyrell Rosella St Spfld, MA 01118	100 00	
8/5/13	Alpha Phi Alpha Fraternity PO Box 42 Spfld, MA	305 00	Organization
10/2/13	Andoscia, Lisa 1 Rosewood North Prov RI	100 00	
10/3/13	Barber, Tania 45 Ingiewood - Spfld MA 01119	100 00	
6/20/13	Brace, Rhonda 1388 Berkshire Ave Spfld 01151	100 00	
10/18/13	Burr, Teresa 855 Roosevelt Ave, Spfld MA	75 00	
10/5/13	Cade, Andrew 18 Wildwood Ave - Spfld MA 01118	200 00	Vice President Urban League
9/28/13	Cade Andrew 18 Wildwood Ave - Spfld MA 01118	100 00	Vice President Urban League
9/30/13	Cher, Christopher 397 Longmeadow St Long MA 0106	100 00	
9/25/13	Cavan, Ezell 11 Balboa St - Spfld MA 01119	100 00	
10/3/13	Chapman, Alvin 1207 Deer St - Perry GA	100 00	
9/1/2013	Crawford-Carter, Sardia 75 Thondyle St Spfld MA 01118	100 00	
9/25/13	Crumel, James 890 Hill Road - Tallahassee FL	250 00	Retired Educator
6/20/13	Cutting, Carol + Bruce 6 Wilkin Dr Long MA 01106	100 00	
Line 9:	Total receipts in excess of \$50 (or listed above)	12944 00	Total for pages 1 - 8
Line 10:	Total receipts \$50 and under* (not listed above)	8596 51	
Line 11:	<b>TOTAL RECEIPTS IN THE PERIOD</b>	<b>21540 51</b>	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

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)
10/3/13	Doleva, John 6 Deerfield-Wilbraham MA 01098	125 00	
9/5/13	Downing, Keith & Delores P O Box 55 - Tallahassee FL 32314	100 00	
10/3/13	Edwards, Brian 114 Maple St - Springfield MA 01108	250 00	CEO HEALTHCARE
10/10/13	Flores, Heriberto 833 Chestnut St - Springfield MA 01107	100 00	
9/25/13	Forastiere, Frank 45 Locust St - Springfield MA 01108	200 00	Mortician / Funeral home Forastiere
10/3/13	Fyntrilakis, Nicole 5 Ridge Rd - Hampden MA 01036	100 00	
10/3/13	Gagliardi, Peter P O Box 95 - Athol MA 01331	100 00	
9/8/13	Gardner, Samuel 93 Embury - Springfield MA 01109	100 00	
9/28/13	Gibbons, John 49 Anville St, Agawam MA 01001	100 00	
10/13/13	Glanville, David 88 Dartmouth St, Holyoke, MA 01040	100 00	
10/16/13	Goodloe, James P O Box 30 - Merrifield, VA 22119	60 00	
6/20/13	Goynes, Aisha 221. Amador Cir - Orlando, FL 32810	100 00	
9/28/13	Griffin, Gerald 154 Tyler St - Springfield MA 01109	100 00	
10/8/13	Harris Mickey 115 Butter Nut St Springfield MA 01128	100 00	
10/14/13	Harris, Williams 25 Maplewood, Amherst MA	97 00	
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			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

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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/29/13	HARRISON, Reginald & Emily 205 Florida St. Spfld MA 01109	112	00
10/1/13	HENDERSON, Pamela 299 Carew St - Spfld MA 01104	100	00
10/3/13	HENRY, Derrick & Evelyn 21 Durury St - Spfld MA 01129	100	00
10/3/13	HILL, JR, Willie 31 Summerfield Rd, Amherst MA 01008	200	00 Dia of Fine Arts U MASS
6/20/13	HOUSTEAD, Ronald 133 Marengo PK - Spfld MA	100	00
8/26/13	JACKSON, Cee 191 Chestnut St, Spfld MA 01103	500	00 OWER Jackson Security
5/26/13	JOHNSON, Van & Yolanda 33 Mill St., Longmeadow MA 01106	100	00
10/13/13	JOHNSON, William 209 Laurel St - Longmeadow MA	100	00
5/26/13	JONES, Clarence & Candace 34 Burt Rd, Spfld MA 01118	100	00
8/3/13	JONES, Kenneth & Rhonda 84 Oak Ridge Dr, Belchertown MA 01007	125	00
9/20/13	JORDAN, Raymond 11 Ingersoll Grv Spfld MA 01109	100	00
10/8/13	JORDAN, Raymond 11 Ingersoll Grv - Spfld MA 01109	200	00 Retired HUD Former State Rep
5/26/13	JORDAN, Raymond & Donna 11 Ingersoll Grv. Spfld MA 01109	100	00
8/26/13	KENNEDY, Haskell Clearbrook Cir, Spfld MA 01118	100	00
8/3/13	LAMIER, Barbara 310 Thompsonville Rd, Suffield CT	25	00
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			Enter on page 1, line 2

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# The Committee To Elect Calvin J McFadden

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## SCHEDULE A: RECEIPTS

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/20/13	Lanien, Barbara & Jesse 310 Thompsonville Rd, Suffield CT	50 00	
9/8/13	Lanien, Barbara & Jesse, Suffield 310 Thompsonville Rd, CT 06078	40 00	
10/3/13	Lanien, Jesse 310 Thompsonville Rd, Suffield, CT	100 00	
9/25/13	Lawson, Belinda 21045 Alder Way, Brandon FL 33510	100 00	
10/4/13	LIN, HAIAN 65 Harrison Ave - Spfld MA 01103	100 00	
10/25/13	Low, William 29 Circle Rd, Longmeadow MA 01106	150 00	
10/3/13	Matt, Judith 36 Matten St - Spfld MA 01105	100 00	
10/21/13	McClellan, Geraldine 625 SE 15th St - Gainesville FL 32641	100 00	
10/13/13	McNally, Mary 156 S. Branch Pkwy - Spfld MA 01118	100 00	
10/4/13	McWilliams, Deborah 3 Sawmill Dr, Wilbraham MA 01095	250 00	Sales Mgr PIZZER
10/10/13	Mitchell, Donald 35 Harvard St, Spfld MA 01109	200 00	Youth Dir Spfld YMCA
6/24/13	Moore-STARVES, Paula 57 School St, Spfld MA 01105	100 00	
10/3/13	Morgan, John P 164 St James St., Spfld MA 01101	100 00	
10/13/13	Mruk, Kenneth 30 Carriage Ln, South Hadley	100 00	
10/21/13	Murphy, John 52-60 Berkshire Ave Spfld MA 01109	250 00	Contractor EASTERN GENERAL CONSTR
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			Enter on page 1, line 2

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# The Committee To Elect CALVIN J McFadden

## SCHEDULE A: RECEIPTS

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Page 6

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/18/13	Oldenburg, Paul 34145 159 N. Barfield Dr. Marco Island, FL	100 00	
10/21/13	Palmer, Samuel 31005 106 Morau Dr. Bonairre, GA	100 00	
7/23/13	Paul, Timothy 01109 57 Thompson St Spfld MA	100 00	
10/9/13	Picknelly, Peter 330 Park Dr Spfld MA 01106	250 00	CEO, Peter Pan Bus
10/3/13	Plotkin, EVAN 41 Taylor St., Spfld MA 01103	150 00	CEO Comm Real Estate Plotkin Associates
10/3/13	Plotkin, EVAN 41 Taylor St Spfld MA 01103	150 00	" " " "
10/25/13	Plotkin, EVAN 41 Taylor St. Spfld, MA	100 00	" " " "
10/3/13	Poindexter, Jeff 2500 Main St Spfld MA 01103	100 00	
10/20/13	Ralls, Robert + Sharon 12 Cara Ln, Spfld MA 01102	100 00	
10/1/13	Robinson, Samuel 01095 30 Blacksmith Rd, Wilbraham MA	100 00	
10/25/13	Rozke, Timothy 01118 50 Overlook Dr Spfld MA	200 00	Acct Exec Avia Group
10/13/13	Sanders, Eddie 31024 106 Chalet Cove, Centerville FL	100 00	
10/3/13	Scippio, Bernard 32055 832 NE Carter Ave, Lake City, FL	100 00	
7/22/13	Scippio, Warren 3011 New York St, Miami, FL 33122	200 00	Teacher Miami-Dade Public Sch
10/21/13	Sheffield, ALONZO 01095 40 High Pine Cir - Wilbraham MA	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)			
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The Committee TO Elect Calvin McFadden

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10/10/13	Smith, CAROL 62 Mapledell St - Spfld MA 01109	100 00	
10/3/13	Smith, Ron P O Box 80134 - Spfld MA 01134	100 00	
10/3/13	Stanley, Cheryl ANN 91 Worcester St., Spfld MA 01109	100 00	
6/12/13	Stwell-Lewis, Rhonda 5 Crescent Hill Spfld MA 01105	100 00	
10/3/13	Sullivan, J. Jeffrey 57 Florentino Blvd - Spfld MA 01108	100 00	
9/26/13	Swan, Benjamin 85 Gate St Spfld MA 01109	200 00	STATE REP Commonwealth of MASS
8/8/13	Swan, II, Talbert P O Box 5116 - FO MA 01151	130 00	
10/3/13	Thomas, Devonia 105 Marengo PK - Spfld MA 01108	250 00	Retire Educator Spfld Public Schools
10/3/13	Thomas, Henry 105 Marengo PK - Spfld MA 01108	250 00	CEO/Executive Director Urban League
10/8/13	Torcia, Michael 112 Porter Rd, Eastlong MA 01028	100 00	
10/3/13	Twiggs, Henry P O Box 91411 - Spfld MA 01139	100 00	
10/1/13	Waah, Jacob 717 Northampton St Holyoke MA 01040	100 00	
9/12/13	Ward, Jr, James 142 Blanch St Spfld MA 01119	100 00	Exec Director Early childhood cts
9/28/13	Ward, Jr, James 142 Blanche St Spfld MA 01119	100 00	" " "
10/3/13	Ward, Jr, James 142 Blanche St Spfld MA 01119	100 00	" " "
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			Enter on page 1, line 2

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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)
10/21/13	Ward, Jr, James 01119 142 Blanche St Spfld MA	90 00	Exec Dir Early Childhood CTS
5/26/13	WARE, CAROLYN 01118 360 Plumtree Rd - Spfld MA	100 00	
7/23/13	WARE, CAROLYN 01118 360 Plumtree Rd Spfld MA	400 00	Banker Hampton Bank
9/28/13	WARE <sup>SR</sup> FRANK 01109 STATE ST Spfld MA	100 00	
6/20/13	WARTON, Geraldine 01118 28 Mountainview St Spfld MA	100 00	
10/4/13	Weckes, Michael 01106 234 Green Hill Rd - Long MA	100 00	
10/13/13	Weiner, Ely - Steven 930 Main St, Spfld MA 01103	100 00	
10/13/13	White, Charmaine P O Box 80124 - Spfld MA	100 00	
6/20/13	Williams, Gloria + Bud 01118 155 Overlook Dr Spfld MA 0	100 00	
10/25/13	Williams, Gloria + Bud 155 Overlook Dr - Spfld MA 01118	600 00	
9/28/13	Williams, Bud 01118 155 Overlook Dr Spfld MA	1000 00	
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			Enter on page 1, line 2

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# The Committee To Elect Calvin J McFadden SR

## 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	
8/27/13	Awards Co	12210 Summer Ave Spfld MA 0118	Political Kit Printing	1221	54
9/12/13	Awards Co	1221 Summer Ave Spfld MA 0118	Yard Signs	1216	15
10/25/13	Awards Co	1221 Summ Ave Spfld MA	Yard Signs	741	58
9/27/13	Berry, Raymond	1441 Main St Spfld MA	Reimbursements	248	23
7/2/13	Black Marketing	21 W 45th St New York, NY	Web Page	400	00
10/8/13	Boutey Graphics	680 Springfield St Reading Hills MA	T Shirts Screen Print	210	00
7/05/13	Ed Cohen	53 Walden St Spfld MA 01105	Photography	185	00
10/25/13	Elegant Affairs	1380 Main St Spfld MA 01103	Fund Raiser Catering Expense	1125	00
10/27/13	ILS Business Service	570 Silver St Agawam MA	Mail Design	4905	00
8/23/13	Langone <del>36 Loring St</del>	36 Loring St Spfld MA 01105	Photography	73	00
10/10/13	Marty Langford	Main St Spfld MA	Photography TV Ad Shots	1050	00
8/23/13	McFadden, Calvin	34 Signal Hill Cir Spfld MA 01118	Reimbursement	297	98
9/18/13	McFadden, Calvin	34 Signal Hill Cir Spfld MA 01118	Reimbursement	514	95
10/12/13	McFadden Calvin	34 Signal Hill Cir Spfld MA 01118	Reimbursement	488	92
7/5/13	McFadden, Jamina	34 Signal Hill Cir Spfld MA 01118	Reimbursement	142	82
9/6/13	McFadden, Jamina	34 Signal Hill Cir Spfld MA 01118	Reimbursement	23	13
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				19336	84

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

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
9/20/13	McFadden, Jamison	34 Signal Hill Cr Spfld MA 01118	Reimbursement	320 00
4/14/13	MILL PRINTING	570 Silver St AGAWAM MA	Printing	130 68
4/20/13	Millennium Press	570 Silver St AGAWAM MA	PRINTING	211 46
8/6/13	Millennium Press	570 Silver St AGAWAM MA 01001	PRINTING	369 92
9/20/13	MILLENNIUM PRESS	570 Silver St AGAWAM MA 01001	Printing	489 00
4/20/13	Peter Ellis	250 MAIN ST SPFLD MA 01103	Web Design	700 00
10/18/13	Peter ELLIS	250 MAIN ST SPFLD MA 01103	Web Design	400 00
7/10/2013	SHERATON	1 Monarch place Spfld MA 01103	Catered-Payment <sup>on bal</sup> Fund Raiser	1000 00
8/10/13	SHERATON	1 Monarch Place Spfld MA 01102	Payment on bal Fund raiser	500 00
8/12/13	SHERATON	1 Monarch Pl Spfld MA 01103	Payment on bal Fund raiser	750 00
9/12/13	SHERATON	1 Monarch Pl Spfld MA 01103	payment on bal Fund raiser	447 90
8/30/13	Stone Soul	P O Box 51 Spfld MA 01119	Vendor Booth	100 00
10/8/13	Thomas, Devonia	105 MANSFORD ST SPFLD MA 01105	Reimbursement	434 56
10/20/13	WTCC	One Army Square Spfld MA 01117	Radio Ad	400 00
			Line 12: Expenditures over \$50	
			Line 13: Expenditures \$50 and under*	
			Line 14: TOTAL EXPENDITURES	

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
		N/A		
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			<b>Line 17: Total In-kind</b>	B.00

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
		N/A		
			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	0.00

Enter on page 1, line 7