



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

JAN 21 2014

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="1673.52"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="280"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1953.52"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1209.28"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="744.24"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text"/>
Line 8: Name of bank(s) used:	<input type="text" value="Florence Savings Bank"/>

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 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's signature) 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.

(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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/22/13	Witter Brooke 207 East Buena Vista Street Santa Fe, NM 87505	\$75	
Line 9: Total Receipts over \$50 (or listed above)		\$75	
Line 10: Total Receipts \$50 and under* (not listed above)		\$205	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$280	← 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 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/19/13	DreamHost	417 Associated Rd. Brea, CA 92821	Web hosting services	\$119.40
11/5/13	Signature Sounds	32 Masonic St Northampton, MA 01060	Rental of event space	\$125
11/5/13	Berkshire Brewing Company	12 Railroad St South Deerfield, MA 01373	Beverages and bartender service	\$71
11/3/13	Costco	119 Daggett Dr West Springfield, MA 01089	Food and supplies for campaign event	\$69.88
1/17/14	William H. Dwight	39 Mrytle Street Northampton, MA 01060	Repayment of loan	\$665
Line 12: Total Expenditures over \$50 (or listed above)				\$1050.28
Line 13: Total Expenditures \$50 and under* (not listed above)				\$159
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1209.28

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.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text" value="1/16/14"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="James Vaughn"/>	
Committee Name: <input style="width: 95%;" type="text" value="Committee to Elect Bill Dwight"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text" value="\$13.25"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="\$13.25"/>

Signed under the penalties of perjury:

_____ Date:
 Signature of Candidate / Treasurer

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
 One Ashburton Place, Room 411
 Boston, MA 02108
 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 80%;" type="text" value="1/16/14"/>
Name of Individual Being Reimbursed:	<input style="width: 90%;" type="text" value="Thomas Malsbury"/>
Committee Name:	<input style="width: 90%;" type="text" value="Committee to Elect Bill Dwight"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/16/14	DreamHost	417 Associated Rd. Brea, CA 92821	Web hosting	\$119.40

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 80%;" type="text" value="\$119.40"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 80%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 80%;" type="text" value="\$119.40"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:



Commonwealth
Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		1/16/14
Name of Individual Being Reimbursed:	Katy Wight	
Committee Name:	Committee to Elect Bill Dwight	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	46.83
Line 3: TOTAL AMOUNT REIMBURSED:	46.83

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 1/17/14

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text" value="1/16/14"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Gina-Louise Sciarra"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Bill Dwight"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/3/13	Costco	119 Daggett Dr West Springfield, MA 01089	Food and supplies for campaign event	\$69.88

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$69.88
Line 2: Expenditures \$50 or under (not itemized):	\$16.75
Line 3: TOTAL AMOUNT REIMBURSED:	\$86.63

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: