



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct. 21, 2015 Ending Date: Dec. 31, 2015

Type of Report: (Check one)

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

Elaine M. Reall
Candidate Full Name (if applicable)

Forbes Library Trustee
Office Sought and District

12 East St., Northampton, MA
Residential Address 01060

Telephone Number (optional): 413-585-1624

COMMITTEE TO ELECT ELAINE REALL
Committee Name

Frances C. Corriveau
Name of Committee Treasurer

12 East St., Northampton, MA
Committee Mailing Address 01060

Telephone Number (optional): 413-585-1624

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	252.91 <u>526.91</u>
Line 2: Total receipts this period (page 3, line 11)	500.00 <u>300.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>826.91</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>495.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>331.91</u>
Line 6: Total in-kind contributions this period (page 6)	<u>00.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>00.00</u>
Line 8: Name of bank(s) used:	<u>Florence Bank</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: Frances Corriveau (Treasurer's signature) Date: 12-28-2015

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: Elaine M. Reall (Candidate's signature) Date: 12-28-2015

Received Dec. 29, 2015

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)

Line 9: Total Receipts over \$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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/11/15	Elaine Reall	12 East St., Northampton, MA	Face book Ad(s) - reimbursement	\$45.00
11/3/15	Frances Corriveau	12 East St Northampton	Face book Ad reimbursement	\$100.00
12/26/15	Elaine Reall	12 East St Northampton, MA	postage + cost of post cards - reimbursement	\$350.00

Line 12: Expenditures over \$50 (or listed above)	495.00
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	495.00

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.