



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: 7/25/16 Ending Date: 9/4/16

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

Marlene Marin
Candidate Full Name (if applicable)
City Council at Large
Office Sought and District
121 Florence rd Florence MA 01062
Residential Address
E-mail: attorney.marlene.marin@yahoo.com
Phone # (optional): _____

Marlene Marin Campaign Committee
Committee Name
Erica Damon
Name of Committee Treasurer
205 Florence Rd Florence MA 01062
Committee Mailing Address
E-mail: looserstudio@gmail.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 307.62
Line 2: Total receipts this period (page 3, line 11)	\$ 475.00
Line 3: Subtotal (line 1 plus line 2)	\$ 782.62
Line 4: Total expenditures this period (page 5, line 14)	\$ 782.62
Line 5: Ending Balance (line 3 minus line 4)	\$ 0
Line 6: Total in-kind contributions this period (page 6)	\$ 171.77
Line 7: Total (all) outstanding liabilities (page 7)	\$ 0
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: [Signature] (Treasurer's signature) Date: 9/4/16

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: [Signature] (Candidate's signature) Date: 9.4.16

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7/27/16	Marlene Morin 121 Florence Rd Florence MA 01062	LOAN \$357.62	Lawyer - self employed
8/10/16	Andrea Plankey 218 State St Apt A Northampton MA 01060	\$100	

Line 9: Total Receipts over \$50 (or listed above)	\$17.38	\$457.62
Line 10: Total Receipts \$50 and under* (not listed above)	\$17.38	
Line 11: TOTAL RECEIPTS IN THE PERIOD	\$475	← 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 in 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
7/27/16	Daily Hampshire Gazette	115 Cuz St Northampton MA 01060	Newspaper ad.	\$357
8/20/16	Erica Damon	205 Florence rd Florence MA 01062	addressing mailers	\$50
7/28/16	Marlene Morin	121 Florence rd Florence MA 01062	Loan repayment - partial	\$300
8/20/16	Marlene Morin	121 Florence rd Florence MA 01062	Loan repayment - final	\$57.62
Line 12: Total Expenditures over \$50 (or listed above)				\$782.62
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$782.62

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
8/2/16	Marlene Morin	121 Florence rd Florence MA 01062	Postage + mailers	\$171.77

Line 15: In-Kind Contributions over \$50 (or listed above)	\$171.77
Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS	\$171.77

* 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.



Commonwealth of 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: 7/28/16

Name of Individual Being Reimbursed: Marlene Morin

Committee Name: Marlene Morin Campaign Committee

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
7/27/16	Marlene Morin	121 Florence rd Florence MA 01062	Loan to Campaign	\$357.62

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Endler
Signature of Candidate / Treasurer

Date: 9/4/16

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



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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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
7/27/16	Marlene Marin	121 Florence rd Florence MA 01062	Loan to Campaign	\$357.62

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date:

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