



Form CPF M 102: Campaign Finance Report 2016 SEP 12 PM 2: 1,8 Municipal Form

Office of Campaign and Political Finance

of Massechusetts			File wi	th: City or Town Cler	k or Election Commissio
Fill in Reporting Period dates: Beginning Date:	uly 29	, 2016	Ending Date:	September 12	, , , , , , , ,
Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election	a [] 30 day aft	er election	year-end report	
		[C	for Minuteman's F		
Candidate Full Name (if applicable)	ᅦ	Campaign		nunittee Name	
	-	David C. H			
Office Sought and District	-	DOVID CELL		Committee Treasurer	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		68 Paul Re	vere Road, Lexingt	оп МА 02/21	
Residential Address .	-	1001 401 110	**	e Mailing Address	
Telephone Number (optional):		Telephone No	nber (optional):	(781) 862	2-2202
		T VIV PLOLO TILL	nou (obdoman).	(761) 802	
SUMMARY BALAI	NCE	INFORM	IATION:	her was a second	
Line 1: Ending Balance from previous report					0
Line 2: Total receipts this period (page 3, line	11)			3,84	5
Line 3: Subtotal (line 1 plus line 2)		· · · · · · · · · · · · · · · · · · ·	3,84	5	
Line 4: Total expenditures this period (page 5,	line 1	14)		1,887.8	8
Line 5: Ending Balance (line 3 minus line 4)	-			1,957.1	z
Line 6: Total in-kind contributions this period ((page	6)			0
Line 7: Total (all) outstanding liabilities (page	7)			1	
Line 8: Name of bank(s) used: Citizens Bank	-			7]
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority of on behalf of this committee. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I Candidate with Committee and no activity independent of the committee activity, of all persons acting under the outhority or on behalf of this committee in incurred any substities nor made any expenditures on my behalf during this report	box on the best	t of my knowler ance with the related.	abilities for this reporting requirements of M.G. (Treasurer's signature)	ng period and represent L. c. 55. Te) Date:	ept. 12, 2016
Candidate without Committee OR Candidate with Independent activity filing I certify that I have examined this report including attached schedules and it is, to thinance activity, including contributions, leaves, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of	the best	of my knowled	no and linkilitian for thi		
igned under the penalties of perjury:			_(Candidate's signatur	re) 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)	
August 31, 2016	Franklin A. Cannon 147 Prairie Street Concord, MA 01742-2925	100		
August 11, 2016	Edward E. DeLuca 26 Crescent Street, Box 427 Stow, MA 01775-0427	500	Astrophysical Observatory	
August 11, 2016	Dana Ham 55 School Street Lexington, MA 02421	500	Facilities Director; Wynn Resorts	
July 29, 2016	David C. Horton 68 Paul Revere Road Lexington, MA 02421	100	Program Supervisor; Simmons College (part-time)	
August 16, 2016	David C. Horton 68 Paul Revere Road Lexington, MA 02421	400	Program Supervisor; Simmons College (part-time)	
September 2, 2016	Dan Matthews 280 Hillside Avenue Needham, MA 02492	200	Self-employed; lawyer	
August 27, 2016	Steven C. Sharek 1 Elaine Circle Hudson, MA 01749	1,000	School Administrator; Minuteman Regional Vocational Technical School District	
August 11, 2016	Ford Spaiding 5 Hutton Road Dover, MA 02030	500	Self-employed; Insurance	
August 27, 2016	Jeff Stulin 362 Cartwright Road Wellesley, MA 02482 (malling address)	500	High School Teacher; City of Newton	

ine 9: Total Receip	ots over \$50 (or listed above)	3,800		
ine 10: Total Recei	pts \$50 and under* (not listed above)	45	•	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	3,845 ←	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 (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
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· · · · · · · · · · · · · · · · · · ·	over \$50 (or listed above)			
ne 10: Total Receipts	\$50 and under* (not listed above)			
	EIPTS IN THE PERIOD		Enter on page 1, line 2	
you have itemized reco	eipts 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
August 3, 2016	Citízens Bank	ROP450 P.O. Box 7000 Providence, RI 02940	Check book/checks	30.3
August 31, 201	Citizens Bank	ROP450 P.O. Box 7000 Providence, RI 02940	Service Charge (Statement Delivery)	
September 7, 2	Lexington Graphics, Inc.	76 Bedford Street Lexington, MA 02420	Postcards; mailing services; postage	1,855.5
		Line 12: Total Expenditures ove	r \$50 (or listed above)	1,887.88
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 ->	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	1,887.88

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Pald	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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	The state of the s			
	<u> </u>	Line 12: Expenditures over \$50 (
	<u> </u>	ine 13: Expenditures \$50 and ur	L	
If you have item-!	Enter on page 1, line 4 → 1	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	

^{*} 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
			·	
				112
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
	1	Line 16: In-Kind Contributions \$		0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0

^{*} 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.

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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 $7 \rightarrow I$	due 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

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