

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance HARVARD TOWN CLERK

of Massachusetts		12 i	AY 3   AM	0:39 k or Election Commission
Fill in Reporting Period dates: Beginning Date:	14/12	Ending Date:	5/31/	
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day aft	er election ye	ear-end report	dissolution
RHONDA SPRAGUE	SEZ	ET RHOND	a . Soon	
Candidate Full Name (if applicable)	<u> </u>		ittee Name	30 E
SELECTMAN	Dove			
Office Sought and District			mmittee Treasurer	
160 PROSPECT HILL PO HARVARD  Residential Address	160 /	ROSPECT HIL		HARVARD
Telephone Number (optional):	Talanta		Mailing Address	
(	I elepnone Nu	mber (optional):		
SUMMARY BALANCE	E INFORM	MATION:		
Line 1: Ending Balance from previous report			151,42	
Line 2: Total receipts this period (page 3, line 11)			1,100,00	
Line 3: Subtotal (line 1 plus line 2)			1,251.4	2
Line 4: Total expenditures this period (page 5, line	: 14)		702.20	
Line 5: Ending Balance (line 3 minus line 4)			549,22	2
Line 6: Total in-kind contributions this period (page	ge 6)		0,00	
Line 7: Total (all) outstanding liabilities (page 7)		-	4,838,4	2
Line 8: Name of bank(s) used: Roustone	= BANK			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions loans receipts expenditures dishurcements in the	of my lengant - d	and halias		
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a				all campaign finance ents the campaign
Signed under the penalties of perjury: Noughus Lee		(Treasurer's signature	e) Date:	5/31/12
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)			
Candidate with Committee and no activity independent of the committee  certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting		ledge and belief, a true and requirements of M.G.L. c.	I complete statemer . 55. I have not rec	nt of all campaign finance eived any contributions,
Candidate without Committee OR Candidate with independent activity filing sep  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my know			
Signed under the penalties of perjury:		(Candidate's signature	e) Date:	5/3/12

#### 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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
4/9/12	COTE, GEORGE 9 CRAGGS RO HARNARD, MA 01451	100,00	
5-/1/12	DOWD, LISA 323 W. MAIN ST AYER, MA 01432	250,00	OLCUPATION - VP & GEN MER EMPLOYER - GRADY RESEARCH
5/1/12	GRADY, JOHN 43 SLOUGH RO HARVARD, MA 01451	500,00	COCUPATION. ENGINEEL EMPLOYER- GRADY RESEMPCH
N/25/12	SKAUEN-HINCHLIFFE, DEBRA 22) STILL RIVER RD STILL RIVER, MA 01467	100.00	
4/30/12	THERRAULT, JOSEPH 23 TAMBUTO TRAIL HARVARD, MA 01451	100.00	
Line 9: Total Rec	eipts over \$50 (or listed above)	1,050,0	w .
Line 10: Total Re	ceipts \$50 and under* (not listed above)	50,00	
	RECEIPTS IN THE PERIOD	1,100,00	Enter on page 1, line 2

<sup>\*</sup> 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)
			ž.
			,
	,		
***************************************			
ne 9: Total Receip	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		
			Enter on page 1, line 2 include only those receipts not itemized above.

Page 3

### **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.)

- Table 1	To Whom Paid	ittee name and a page number on	Page /	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	HARVARD PRESS	06 1 2716	FULL PAGE AD	697,50
		Line 12: Total Expenditures o	ver \$50 (or listed above)	697,50
		Line 13: Total Expenditures \$:	50 and under* (not listed above)	4.70
	Enter on page 1, line 4 →		TURES IN THE PERIOD should include only those expenditure	702,20

<sup>\*</sup> 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)

To Whom Paid					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
			×		
The state of the s					
		Line 12: Expenditures over \$50	) (or listed also )		
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PEDIOD		
If you have item	nized expenditures of \$50 and under	r include them in line 12. Line 12 s	hould include only those expenditure		

<sup>\*</sup> 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
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	.0,00
		Line 16: In-Kind Contributions	s \$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<sup>\*</sup> 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
4/4/12	WHIT SPRAGUE	160 PROSPECT HILL R HARVARD, MA 0145		99,29
4/9/12	"	. 1	WEB SITE SIGNS	52.13
4/19/12	/(	//	CORRUGATED SIGNS	1,214,97
4/19/12	/(	"	CAMPAIGN BUTTONS	112,00
4/20/12	11	//	INTENET ACCESS PIZZA FOR STANDOUTS	107.41
5/10/12	11	′′	MAGNETIC SIGNS	459,55
5/10/12	11	1	MISC ITEMS E SO DA THANK YOU MEETING	24.30
5/10/12	//	1	FOOD FOR THANK YOU MEETING	308.12
5/10/12	′ (	//	DONUTS ! COFFEE STANDOUTS	29,91
5/10/12	//	"	MISC ITEMS FOR MEETING	38.37
5/30/12	I 55	2 SHAKER PA SHIRLEY, MA 01464	3 PRINTING AND MAILINGS	2,392,37
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	4,838,42



# ance Report

RECEIVED HARVARD TOWN CLERK

Fo	rm CPF M 102: Campaign Fina Municipal Form
	Office of Campaign and Political Finance
Commonwealth	
of Massachusetts	
File with:	
City or Town Clerk or Election Commission	Please print or type all information, except s

Tassachusetts	12 HAY 31 PM 2: 26
e with:  y or Town Clerk or Election Commission Please print or type all information, except signatures	
Fill in dates:  Reporting Period Beginning April 22 2012 Ending Man	
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election	□year-end report □dissolution
Sharon M McCarthy Comm. to Elect	Sharon McCorchi
Full Name of Candidate (Fapplicable) Comm	nittee Name
Board of Health Willia Willia	nan
	nmittee Treasurer
90 E Base Hil Rd POBOX 177	Mailing Address
Harvard M 01497 Harvard M	
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE INFORMATION	
Line 1: Ending balance from previous report	\$ 106.55
Line 2: Total receipts this period (page 2, line 11)	\$ 777.87
Line 3: Subtotal (line 1 plus line 2)	\$ 884.42
Line 4: Total expenditures this period (page 3, line 14)	\$ 834.42
Line 5: Ending balance (line 3 minus line 4)	\$
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 Entergrise Bank & Trust	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co and represents the campaign finance activity of all persons acting under the authority or on behalf of this c M.G.L. c. 55.  Signed under the penalties of perjury:  Treasurer's signature (in ink)	ntributions and liabilities for this reporting period
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SI	GN 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	f 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. 5:	5. 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	f all
campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting pe	riod
and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirement	ts of

#### 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

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
721	Sharm McCarthy Jim Ware	241	63	
		*		
•				
•				
Line 9:	Total receipts in excess of \$50 (or listed above)	241	63	
Line 10:	Total receipts \$50 and under* (not listed above)	536	24	
	TOTAL RECEIPTS IN THE PERIOD	777	87	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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#### 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	Amo	ount
4/23	Clinton Offset printi-	High Strub Clinton,	maulei printer	403	FS
4/23	Harvard Press	STILRIVE Rd, Har.	ad	189	00
4/24	USPS	Harr, MA	mailing	291	67
*					
•					
			Expenditures over \$50	884	42
		<del></del>	Expenditures \$50 and under*		
	Enter on page 1, line 4 emized expenditures of \$50 and a		TOTAL EXPENDITURES	884	42

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

## 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
		Line 15:	In-kind over \$50	
	J. Carlotte and Ca		In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> 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
Enter on page 1, line 7		Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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# Form CPF M 102: Campaign Finance Report Municipal Form RECEIVE

Office of Campaign and Political Finance

RECEIVED HARVARD TOWN CLERK

12 DEC 11 PM 10: 27

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission
77/	14/12 Ending Date: 5/31/12
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
RHUNDA SPRAGUE	SELECT RHONDA SPRAGUE
Candidate Full Name (if applicable)	Committee Name
SELECTMAN	DEUGLAS LEE
Office Sought and District	Name of Committee Treasurer
160 PROSPECT HILL RO HARVARD	160 PROSPECT HILL PO HARVARD
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
CHIMANA DAY DAY	
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	700.00
Line 2: Total receipts this period (page 3, line 11)	4100.00
Line 3: Subtotal (line 1 plus line 2)	1,800.00
Line 4: Total expenditures this period (page 5, line	14) 702,20
Line 5: Ending Balance (line 3 minus line 4)	1,097.80
Line 6: Total in-kind contributions this period (page	e 6) 0,00
Line 7: Total (all) outstanding liabilities (page 7)	4,838,42
Line 8: Name of bank(s) used: Rollston.	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority of on behalf of this committee in accommittee in accommittee to the penalties of perjury:	cordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	(Treasurer's signature) Date: 5/31/12
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 be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting pe	est of my knowledge and belief, a true and complete statement of all campaign finance dance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sepan I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, leans, receipts, expenditutes, discursements, in campaign finance activity of all persons acting under the authority or on behalf of this configured under the penalties of perjury:	rate report st of my knowledge and belief, a true and complete statement of all campaign
	(Contradict & Signature) Date. 3/3//2

#### 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.) Occupation & Employer Name and Residential Address (for contributions of \$200 or more) (alphabetical listing required) Amount **Date Received** COTE, GEORGE 9 CRAGGS RA 100,00 ARVARD, MA 01451 OCCUPATION, VP CLEEN MGB DOWD, LISA 323 W. MAIN ST EMPLOYER- GRADY RESERRCH 250.00 AYER, MA 01432 OCCUPATION - ENGINETA CHAPY, JOHN 43 SLOVEH RD HARNARD, MA 01451 EMPLOYER-GRADY RESERVECH 500,00 SKAUEN- HINCHLIFFR, DEBRA 4/25/12 221 STILL RIVER RA 100,00 STILL RIVER, MA 01467 THERIAULT, JOE 4/30/12 23 TAHONTO TRAIL 100.00 HARVARD, MA 01451 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

<sup>\*</sup> 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)
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	Company	← Enter on page 1, line 2

<sup>\*</sup> 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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
4/03/12	HARVARD PRESS	P.O. Box 234 HARVARD, MA	FULL PAGE AD	697,50
				The state of the s
		Line 12: Total Expenditures		697,50
			650 and under* (not listed above)	4,70
	Enter on page 1, line $4 \rightarrow$	ki i i i i i i i i i i i i i i i i i i	3 should include only those expenditu	702,20

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
***************************************				
The state of the s				
				<u></u>
		Line 12: Expenditures over S	\$50 (or listed above)	0100
		Line 13: Expenditures \$50 ar		
	1 25 5			0.00
	Enter on page 1, line 4 =		TTURES IN THE PERIOD  3 should include only those expenditure	0.00

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

<sup>\*</sup> 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
4/4/12	WHIT SPRAGUE	160 PROSPECT AIUR HARVARD, MA 0145/	FOOD	99,29
4/9/12	//	. 1	WEB SITE SIGNS	52.13
4/19/12	/(	,1	CORRUGATED SIGNS	1,214,97
4/19/12	/\	"	CAMPAION BUTTONS	112,00
4/20/12	//	//	INTENET ACCESS PIZZA FUR STANDOUTS	107.41
5/10/12	"	′′	MAGNETIC SIGNS	459,55
5/10/12	11	1	MISC ITEMS & SOOR THANK YOU MEETING	24,30
5/10/12	//	1	FOOD FOR THANK	308.12
5/10/12	′(	//	DONUTS of COFFEE STANDOUTS	29,91
5/10/12	//	"	MISC ITEMS FOR MEETING	38.37
5/30/12	ISS	2 SHAKER RA SHIRLEY, MA 01464	3 PRINTING AND MAILINGS	2,392,37
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	4,838,42