

## 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: 3/1	1/14 Ending Date: 5/13/14
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Kyle A Nobes	
Candidate Full Name (if applicable)	Committee Name
Seleet board	
Office Sought and District	Name of Committee Treasurer
124 Taylor st	
Residential Address	Committee Mailing Address
Telephone Number (optional): 4/3-88 7-8 2/5	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, lin	1e 14) \$ 483.80
Line 5: Ending Balance (line 3 minus line 4)	* \$483.80 O
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candidate with Committee  I 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 activity and liabilities nor made any expenditures on my behalf during this reporting	be best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, as period.
Candidate without Committee  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 the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 4-13-14

#### **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.)

	se include your committee name and a page nun Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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And the second s			
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ne 9: Total Receip	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	λ	← Enter on page 1, line 2
me II. IUIAL K			Id 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.)

report all expendi	eport 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
3/17/14	GSP Graphic Screen Ironting Production Inc	5512 Mitchelldale Houston, TX 77092	Yard Signs (100)	\$355.02
8 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Staples Inc	Saltmemorial Dr Chicopee ma 01000	Flyers	\$ 15.62
3/28/14	ocean State Joblut	1451 Memorial Dr Chicofee MA 01020	paper, envelopes, etc	\$20.49
3/28/14	Walnet	591 Memorial Or Chicopee MA 01020	Inh, paper, etc	\$19.17
3/6/14	USPS	Granby, MA 01033	Stamps	\$ 49.00
5/6/14	USPS	Grenby, MA 01033	Stemps	\$ 24,50
		•		
		Line 12: Total Expenditures over	er \$50 (or listed above)	483.80
,		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	483.80

<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.

	nd included in line 16 on page 1.  From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	From whom received			
	•			
contributes more the	ibution is received from a person who an \$50 in a calendar year, you must reposs of the contributor; in addition, if the	Line 15: In-Kind Contribution	ns over \$50 (or listed above) as \$50 & under (not listed above)	
contribution is \$200	or more, you must also report the	Line 16: In-Kind Contribution  Line 17: TOTAL IN-KIND		0

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

ring this reporting per	To Whom Due	Address	Purpose	Amount
ate Incurred	10 Whom Due			
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		→ Line 18: TOTAL OUTSTAN	IDING LIABILITIES (ALL)	10

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) Page