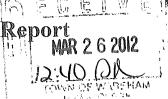


Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission 01/28/12 Fill in Reporting Period dates: Ending Date: Beginning Date: Type of Report: (Check one) 8th day preceding election 30 day after election year-end report dissolution 8th day preceding preliminary Alan lævin Candidate Full Name (if applicable) Committee Name WareNson Office Sought and District V106 laro hau murliden Committee Mailing Address Residential Address Telephone Number (optional): Telephone Number (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 5,285.00 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 1162.96 Line 5: Ending Balance (line 3 minus line 4) 336.21 Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Eastern Affidavit of Committee Treasurer: l 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 contentities in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee A 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, rescipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons activity of all persons activity or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: 33/26/1 Signed under the penalties of perjury: (Candidate's signature)

SCHEDULE A RECEIPTS

Total receipts	Total receipts over \$50	01/02/12 Thomas	02/06/12 William	02/18/12 Geoffrey	02/18/12 Christopher	01/28/12 Alan	02/09/12 Charles	01/30/12 Charles	01/28/12 Richard	02/02/12 Deborah	02/10/12 Mary	02/24/12 Christopher	03/09/12 Thomas	03/05/12 Ronald	02/06/12 John	03/09/12 Phyllis	02/18/12 Christ	02/08/12 Charles	02/06/12 William	02/24/12 John	02/06/12 Theodore	01/31/12 Peter	Date Received First Name
Total receipts \$50 and under	over \$50	Worthen	White	Swett	Smith	Slavin	Pillsbury III	Pillsbury	Paulsen	McGonnell	Mackey	Irving	Geagan	Dunham	Decas	Decas	Decas	Decas	Decas	Cornish	Brogioli	Balzarini	Last Name
7		39 Greengate Lane	11 Regent Ave Apt A	204 Cromesett Rd	12 Fellowship Circle	36 Oak St	25 Mayflower Ridge Dr	204 Hathaway St.	4 Sea Lavender Wway	36 Bay Pointe Rd.	12 Maud Palmer Dr	10 Worrell Ave	75 Burgess Point	40 Oak St	4 Old Forge Dr	46 Oak St.	20 Salt MarshLane	46 Oak St.	18 High St	18 Tupola Ln	15 Oak St	3 Burgess Point Rd.	Street
		Wareham	Wareham	Wareham	West Wareham	Wareham	Wareham	Wareham	Wareham	Buzzards Bay	Wareham	Wareham	Wareham	Wareham	Carver	Wareham	Wareham	Wareham	Wareham	Mattapoisett	Wareham	Wareham	Town
		MA 02571	MA 02571	MA 02751	MA 02576	MA 02571	MA 02571	MA 02571	MA 02571	MA 02532	MA 02571	MA 02571	MA 02571	MA 02571	MA 02330	Ma 02571	MA 02571	MA 02571	MA 02571	MA 02739	MA 02571	MA 02571	ST Zip
1,460.00	3,825.00	100.00	200.00 retired	100.00	200.00 President	100.00	500.00 Owner Manager Community Storage	75.00	250.00 retired	100.00	500.00 clerk	150.00	100.00	100.00	500.00 owner/grower	100.00	100.00	100.00	100.00	200.00 owner	150.00	\$100.00	Amount Occupation
			N/A		CSDM Corp		Community Storage		N/A		Canal Side Family Dental				Decas Cranberry					Atlantic Boat			Employer

TOTAL RECEIPTS IN THE PERIOD

\$5,285.00



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 an expend		nittee name and a page number on	each page.)	<u> </u>
m . m	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
02/15/12	Elks hodge	P.O. Box 5-66 E. Waveham, MA	Hall Reutal	\$20000
02/28/12	Alan Slavin	36 Cak ST Lexareham. MA02571	Reimbarseinent of compaign ex pensess	\$1604.68
03/12/12	Alau Slavin	36 Oak St Warehow, MA 02571	of Courses	2, 232,20
01/31/12	Staples	2421 Crauberry HWY Warehowy MA 02538	Photo copies	57.91
<u> </u>		Line 12: Total Expenditures over	4094.19	
		Line 13: Total Expenditures \$50	27.25	
	, <u> </u>	Line 14: TOTAL EXPENDIT		4122.04

^{*} 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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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	of Reimbursement: 02/28	112					
Name of Individual Being Reimbursed: Alau Slavin									
Committee Name: Courpaign to Elect Alau Slavin									
CPF ID Number (if applicable): 35-2434007 Telephone Number (optional):									
ITEMIZE EXPENDITURES IN EXCESS OF \$50									
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount					
01/19/12	4 Impront	P.O. BOX 320 Oshkosh, WI 54901	Pens	400.00					
01/34/12	Vietory D14	52005W 3000ST DAVENDORT, PA 52802 Signs		784.20					
01/31/12	Victory DIY	5200 SW 30 to ST DAVERPORT PA 52802							
01/27/12	Victory DIY	SZOO DW 30 MIST DAVELLPORT, PA 52 POZ	Websete	144.99					
02/8/12	Warehoen WEEK	2.9 F Main 87 Wavehoen, 144	Website Advectisement	150.00					
	(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 15-32.46								
Line 2: Expenditures \$50 or under (not itemized): 72.22									
Line 3: TOTAL AMOUNT REIMBURSED: 1604.68									
Signed under the penalties of perjury: Date: 02/28/, 2									





Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Date of Reimbursement:

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.

Name of Individual Being Reimbursed: Llan Slavin									
Committee Name: Campaign to Elect Slavia									
CPF ID Number (if applicable): 35-2434007 Telephone Number (optional):									
ITEMIZE EXPENDITURES IN EXCESS OF \$50									
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount					
	Salernous	Onsel , WA 02558	Deposit for Hall	200.00					
03/19/12	WavehdenWEEK	219 F Main St Uareham, ULA 02571	Advertiseenents 1/2 Page Lossky Febr March	1020.00					
08/24/12	Cerarehou Week	197 Marist Leartham, MA 02571	Advertiseerent Full page March	498,00					
01/24/12	Loanehan WEEK	Wareham, MA	Advertisement Full Page April	498.00					
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 22/6.00									
	Line 2: Expenditures \$50 or under (not itemized):								
Line 3: TOTAL AMOUNT REIMBURSED: 22-3 2 . 20									
igned under the	penalties of perjury: Signature of Candid	ate / Treasurer	Date: 3	/12/19-					



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		
02/28/12	James E Brice	12 Marcal Palmed Wassham, MA 02571	Bign Meterials	le 1: 3-7		
02/29/12	James E Bruce	12 Maud Palmere Warehaeu, MA	Campaign	234. 94		
		Line 15: In-Kind Contributions over \$50 (or listed above) 296,21				
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	40.00		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	336.21		

^{*} 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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