

Form CPF 102 PC: Campaign Finance Report Political Action Committee or People's Committee 28 2011

Office of Campaign and Political Finance

TOWN OF WAREHAM

File with: Director

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

| CPF ID#: | |
|----------|--|
|----------|--|

| Fill in Reporting Period da | tes: Beginning Date: 1/1/11 Ending Date: 3/ | 128/11 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------|
| Гуре of Report: (Check or | ne) | |
| 8th day preceding primary | 8th day preceding election year-end report dissolution other (specify) | |
| The second of th | | |
| | | |
| | A Political Action Committee to Move Wareham Forward (MWF) | |
| | Committee Name | |
| | Ted Porada | |
| | Name of Committee Treasurer | |
| | P.O. Box 66 Wareham, MA. 02571 | |
| | Committee Mailing Address | |
| | Telephone Number (optional): | |
| | | |

| Line 1: Ending Balance from previous report | \$1,025.00 |
|----------------------------------------------------------|-----------------|
| Line 2: Total receipts this period (page 3, line 11) | \$120.00 |
| Line 3: Subtotal (line 1 plus line 2) | \$1,145.00 |
| Line 4: Total expenditures this period (page 5, line 14) | \$609.83 |
| Line 5: Ending Balance (line 3 minus line 4) | 153517 \$210.17 |
| Line 6: Total in-kind contributions this period (page 6) | \$0.00 |
| Line 7: Total (all) outstanding liabilities (page 7) | \$0.00 |
| Line 8: Name of bank(s) used: Rockland 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 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:

(Treasurer's signature)

Date: Mar 28, 2011

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) |
| | TO COMMITTEE CONTROL OF THE CONTROL | | |
| Jan 21, 2011 | Ted Porada 3061 Riverside | \$100.00 | |
| • | Somerset, MA. | | |
| | | | |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | i | |
| | | | |
| entitivenimi vivia valvanimi ili valvanimi valvanimi valvanimi valvanimi valvanimi valvanimi valvanimi valvani | | | |
| | | | |
| | | | |
| to a transferration and the commence to the contract of the co | | | |
| | 1 | | |
| | | | |
| Line 9: Total Rece | eipts over \$50 (or listed above) | \$100.00 | |
| | eipts \$50 and under* (not listed above) | \$20.00 | |
| | | | |
| Line 11: TOTAL | RECEIPTS IN THE PERIOD | \$120.00 | ← 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) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| STORES TO THE STORES TO SELECT A STORE STORES AND STORE | | | |
| | | | The state of the s |
| | | \$\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| COLDERNO DOSMINISTA SIL COLORO CONTROL MARIA | | | |
| | | | |
| | | | |
| | | , | |
| | | | |
| and the second s | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Line 9: Total Rece | ipts over \$50 (or listed above) | | |
| Line 10: Total Rece | eipts \$50 and under* (not listed above) | | |
| Line 11: TOTAL I | RECEIPTS IN THE PERIOD | | Enter and 1 line 2 |
| | receipts of \$50 and under include them in line | L | 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, 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.)

| | rpenditures. Please include your committee name and a page number on each page.) To Whom Paid Purpose of Expenditure | | | | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------|---------------|--|
| Date Paid | To Whom Paid (alphabetical listing) | Address | (include CPF ID# if a contribution | Amount | |
| Jan 18, 2011 | BEGLEY, ELLEN | 25 PROSPECT ST. BUZZARDS BAY, MA. 02532 | REIMBURSEMENT FOR PRINTING AT GATEWAY PRINTING 174 MAIN ST. WAREHAM,MA. 02571 | \$159.83 | |
| Mar 8, 2011 | COMMITTEE TO ELECT ELLEN BEGLEY SELECTMAN "local" | P.O. BOX 59 WAREHAM, MA. 02571 | CAMPAIGN CONTRIBUTION | \$200.00 | |
| Mar 8, 2011 | COMMITTEE TO ELECT MIKE SCHNEIDER SELSECTMAN "local" | P.O. BOX 3 WEST WAREHAM, MA. 02576 | CAMPAIGN CONTRIBUTION | \$200.00 | |
| Mar 21, 2011 | VFW POST 2846 5 GIBBS BALL PARK ROAD ONSET,MA. 02558 | 5 GIBBS BALL PARK ROAD ONSET, MA. 02558 | HALL RENTAL | \$50.00 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | 3/15/10/16/16 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Line 12: Total Expenditures o | ver \$50 (or listed above) | \$609.83 | |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | \$0.00 | | |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDIT | FURES IN THE PERIOD | \$609.83 | |

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



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.

| - h | | | | | |
|-------------------------------------------------------------|--------------------------------------------|------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Reimbursement: Jan 18, 2011 | | | | | |
| Name of Individ | ual Being Reimbursed: ELLEN BEG | GLEY | | | |
| Committee Nam | e: A POLITIC | AL ACTION COMMITTEE TO MOVE W | AREHAM FORWARD (MWF) | | |
| CPF ID Number (if applicable): Telephone Number (optional): | | | | | |
| | ITEM | IZE EXPENDITURES IN EXCES | S OF \$50 | • | |
| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount | |
| Sep 24, 2010 | GATEWAY PRINTING | 174 MAIN ST. WAREHAM, MA. 02571 | PRINTING OF TRI-FOLD OUTLINING COMMITTEE'S GOALS (DEPOSIT) | \$75.00 | |
| Sep 27, 2010 | GATEWAY PRINTING | 174 MAIN ST. WAREHAM, MA. 02571 | PRINTING OF TRI-FOLD OUTLINING COMMITTEE'S GOALS (BALANCE) | \$84.83 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 1 | | See the state of t | |
| | (Include items listed on Page 2) | Line 1: Expenditures in excess of | \$50 (itemized above): | 159.83 | |
| | | Line 2: Expenditures \$50 or unde | er (not itemized): | | |
| Line 3: TOTAL AMOUNT REIMBURSED; 159.83 | | | | | |
| Signed under th | e penalties of perjury: Signature of Cand | Inf (A Onath lidate / Treasurer | Date: Ma | ar 28, 2011 | |

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

SCHEDULE B: EXPENDITURES (continued)

| | | | Purpose of Expenditure | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Paid | To Whom Paid (alphabetical listing) | Address | (include CPF ID# if a contribution to another committee) | Amount |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | The state of the s |
| | 9999 | | | |
| The second secon | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | · · | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Line 12: Expenditures over \$5 | 0 (or listed above) | |
| | Line 13: Expenditures \$50 and under* (not listed above) | | | |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDIT | TURES IN THE PERIOD | |
| | | | slude only those expenditures not itemize | <u></u> |

^{*} 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 5

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------|-----------------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | *************************************** | | | |
| | | | | |
| | | | | |
| | | | | |
| PROPERTY OF THE PROPERTY OF TH | | | | |
| | | | | |
| | | T' 15 Y Y' 15 Y Y | 050 (11) 1 | |
| | | Line 15: In-Kind Contributions 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 CO | ONTRIBUTIONS | |

^{*} 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.

Page 6

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | The state of the s |
| | | | | |
| | | | | |
| | | | | |
| Property and the second | Court per security of | | | |
| | | | | The state of the s |
| Page 1 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | National Control of Co |
| | | | | |
| | | | | |
| | Enter on page 1, line $7 \rightarrow$ | Line 18: TOTAL OUTSTANI | DING LIABILITIES (ALL) | |