



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

2011 APR 25 PM 12:22

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

FOXBOROUGH, MA 01934

**Fill in dates:**

Reporting Period Beginning Month 03 Date 15 Year 11 Ending Month 04 Date 24 Year 11

**Type of report: (Check one)**

8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

STEVEN DAVID SLOAN

Full Name of Candidate (if applicable)

BOARD OF SELECTMAN

Office Sought and District

4 MORSE PLACE, FOXBORO

Residential Address

Tel. No. (optional)

Committee to ELECT STEVE SLOAN

Committee Name

Robert BARRY

Name of Committee Treasurer

4 MORSE PLACE, FOXBORO

Committee Mailing Address

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 0  
 Line 2: Total receipts this period (page 2, line 11) \$ 750.00  
 Line 3: Subtotal (line 1 plus line 2) \$ 750.00  
 Line 4: Total expenditures this period (page 3, line 14) \$ 1141.83  
 Line 5: Ending balance (line 3 minus line 4) \$ -391.83  
 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 Citizen's BANK

**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 (in ink)

4/24/11

Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN 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 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, 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:

Candidate signature (in ink)

Date



**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	Amount	
3/17/11	victorystore.com	5 200 SW 30th St Davenport, Iowa 52802	Campaign signs	543	33
4/21/11	Foxboro Reporter	Mechanic Street	campaign	598	50
Line 12: Expenditures over \$50				1141	83
Line 13: Expenditures \$50 and under*					
<b>Line 14: TOTAL EXPENDITURES</b>				1141	83

Enter on page 1, line 4

\*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			<b>Line 17: Total In-kind</b>	

\* 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			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	