



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/15/13 Ending Date: 4/23/13 FOXBOROUGH, MA 02035

Type of Report: (Check one)

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

<u>JAMES J. DEVELLIS</u> Candidate Full Name (if applicable)	<u>RE-ELECT JIM DEVELLIS</u> Committee Name
<u>FOXBOROUGH BOARD OF SELECTMEN</u> Office Sought and District	<u>NICOLE DEVELLIS</u> Name of Committee Treasurer
<u>4 MCKENZIE LANE FOXBORO MA 02035</u> Residential Address	<u>4 MCKENZIE LANE FOXBORO MA 02035</u> Committee Mailing Address
Telephone Number (optional): <input type="text"/>	Telephone Number (optional): <input type="text"/>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1400.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1400.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>923.88</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>476.12</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>500.00</u>
Line 8: Name of bank(s) used:	<u>ROCKLAND TRUST</u>

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: Nicole Develis (Treasurer's signature) Date: 4-23-13

FOR CANDIDATE FILINGS ONLY: 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: James J. Develis (Candidate's signature) Date: 4/23/13

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/20/13	STEPHANIE CRIMMONS 76 GRANITS ST. FOXBORO	300 ⁰⁰	
3/25/13	ANGELA DAVIS 4 KATHAYN RD FOXBORO	100 ⁰⁰	
4/15/13	JAMES & SHARON FORTUNE 35 SHEPHERD ST. FOXBORO	100 ⁰⁰	
4/9/13	RICHARD & CAROL HOWARD 7 PARK AVE FOXBORO	100 ⁰⁰	
4/17/13	JOHN AND RITA MALAM 66 SUMNER ST FOXBORO	50 ⁰⁰	
3/18/13	HOWARD SIEGAL PO BOX 9170 FOXBORO	300 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)		950 ⁰⁰	
Line 10: Total Receipts \$50 and under* (not listed above)		450 ⁰⁰	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1400⁰⁰	← 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 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
N/A				N/A
↓				↓
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 CONTRIBUTIONS				⓪

* 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.

