

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

UI Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jul	ne 1, 2016 Ending Date: <u>December 31, 2016</u>
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Mark Elfman	Committee to Elect Mark Elfman
Candidate Full Name (if applicable)	Committee Name
Town Selectman	Paula Kelly
Office Sought and District	Name of Committee Treasurer
25 Main Street Foxboro, MA	25 Main Street, Foxboro, MA 0203
Residential Address 02035	Committee Mailing Address
Telephone Number (optional): 508-698-0320	Telephone Number (optional): 508-698-0320
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	1, 350.00
Line 2: Total receipts this period (page 2, line 11	784.47
Line 3: Subtotal (line 1 plus line 2)	2,134.47
Line 4: Total expenditures this period (page 3, lin	
Line 5: Ending Balance (line 3 minus line 4)	- 0 - Account closed 9/20/
Line 6: Total in-kind contributions this period (p	age 4)
Line 7: Total (all) outstanding liabilities (page 4)	
Line 8: Name of bank(s) used: 70 Ban	K. B. E.
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 Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)
	ne best of my knowledge and belief, a true and complete statement of all campaign finance ccordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag 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, disbursement campaign finance activity of all persons acting under the authority of on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the nis committee in accordance with the requirements of M.G.L. c. 55.
Signed under the papalties of paringry	(Candidate's signature) Date: //6/17

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		I		
	Name and Residential Address Date Received (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)	
6/2016	Mark Elfman 25 Main Street Foxboro, MA 02035	Amount 784.74	Contribution by candidate	
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ine 9: Total Receipt	s over \$50 (or listed above)	784.47		
ine 10: Total Receipt	ts \$50 and under* (not listed above)	The state of the s		
ine 11: TOTAL RE	CEIPTS IN THE PERIOD	784.47	← 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.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2016	TOBANK	TD Bank 54 Central Street Foxboro, MA 02035		65.97
6/20/16	Foxboro Reporter	35 Mechanicst. Foxboro, MA02035	Political Ad	810.98
6/20/16	Spectrum Lithographers	Canton, MA 02021	Card-Ads	834.05
6/20/16	Home Depot	390 Mansfied St. Mansfield, MA 2048	Candidate sign supplies à storage	389.71
9/20/16	Foxboro Discretionary Fund	P.O. Box 636 Foxboro, MA02035	Donate account balance to close	34.03
		Line 12: Total Expenditures over	r \$50 (or listed above)	2,134.74
	-	Line 13: Total Expenditures \$50		
		Line 14: TOTAL EXPENDITU		2,134.74
If you have itemi	zed expenditures of \$50 and under,	include them in line 12. Line 13 sho	ould include only those expenditure	

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 3

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
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contributes more tha	bution is received from a person who n \$50 in a calendar year, you must report s of the contributor; in addition, if the	Line 15: In-Kind Contributions	over \$50 (or listed above)	
	or more, you must also report the	Line 16: In-Kind Contributions	\$50 & under (not listed above)	-
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

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.

ate Incurred	To Whom Due	Address	Purpose	Amount
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