



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED
TOWN CLERK
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/2/14 Ending Date: 4/24/14
2014 APR 25 A 11:20

Type of Report: (Check one) FOXBOROUGH, MA 02035
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Mark S Sullivan
Candidate Full Name (if applicable)
Selectman
Office Sought and District
24 Spruce St. Foxboro Ma 02035
Residential Address
Telephone Number (optional): 508-212-3670

Elect Mark Sullivan
Committee Name
Maria Eisenbauer
Name of Committee Treasurer
24 Spruce St. Foxboro Ma 02035
Committee Mailing Address
Telephone Number (optional): 508-212-3670

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 2, line 11)	<u>2085</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2085</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2085</u>
Line 6: Total in-kind contributions this period (page 4)	_____
Line 7: Total (all) outstanding liabilities (page 4)	_____
Line 8: Name of bank(s) used:	<u>Foxboro Federal Savings</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: _____ (Treasurer's signature)

Date: 4/24/14

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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

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's signature)

Date: _____

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)
4/2/14	David Brown 17 Morgan Way Foxboro	100	
4/2/14	Stephanie Crummons 76 Granite St Foxboro	300	Panera Bread
4/2/14	Erin Earnst 7 Sheehan Way Foxboro	250	
4/3/14	James + Tricia Mitchell 30 Fletcher St Foxboro	100	
4/15/14	Kevin Penders 2 Highland Circle Foxboro	100	
4/16/14	Angela Davis 4 Kathryn Rd Foxboro	100	
4/17/14	Howard Segal P.O. Box 9170 Foxboro	250	
4/17/14	James Thrasher 12 Kathryn Rd Foxboro	150 ⁰⁰	
4/22/14	Michael Eisenhower 28 Sand St. Ext Foxboro	50 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)		1400	
Line 10: Total Receipts \$50 and under* (not listed above)		685	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2085	← 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
* 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. Enter on page 1, line 6 →			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

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 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	