

Form CPF M 102: Campaign Finance Report Municipal Form
Office of Campaign and Political Finance

Candidate signature (in ink)

File with: City or Town Clerk or Election Commission	2013 JAN 22 A 11: 19
	information, except signatures. E #
	Year 2012 Ending Dec 31 2012
Type of report: (Check one)  8th day preceding preliminary 8th day preceding elect  Lisa M. Lavaie  Full Name of Candidate (if applicable)  School Countrie  Office Sought and District  10 Savay Rd  Residential Address  978.594.0685  Tel. No. (optional)	tion 30 day after election year-end report dissolution  Friends of Lisa Lavoie  Committee Name  John Mayer  Name of Committee Treasurer  10 Savoy Pd  Committee Mailing Address  Fall. No. (optional)
	Tel. No. (optional)
Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used So	(page 2, line 11) \$ 0 previous \$ 1,009. due to due
Treusurer's signature (in ink)	t/////////////////////////////////////
FOR CANDIDATE FILINGS (	ONLY: (CANDIDATE MUST SIGN BELOW)
contributions, incurred any liabilities nor made any expenditures on my behalf du  Candidate without Committee OR Candidate with Independent activity f  I certify that I have examined this report including attached schedules and it is, to	to the best of my knowledge and belief, a true and complete statement of all campaign militee in accordance with the requirements of M.G.L. c. 55. I have not received any ring this reporting period.  Alling separate report to the best of my knowledge and belief, a true and complete statement of all campaign tents, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.

## 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.

This page may be copied 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)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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	M. 10000 110			AND THE SALES
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4				
	espis Mandam d			
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	0		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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## 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.

	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		1 100			
		Line 12	Expenditures over \$50		
200453			Expenditures \$50 and under*		
Ente	er on page 1, line 4	Line 13		0	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## 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
				88 7
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	0

<sup>\*</sup> 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
Е	inter on page 1, line 7	Line 18: OUTSTANDING LIAE	BILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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