



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4-8-2015 Ending Date: 5-11-2015

Type of Report: (Check one)

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

Beverly Wheeler
Candidate Full Name (if applicable)

Assessor
Office Sought and District

32 West St. Berlin MA 01503
Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

Line 2: Total receipts this period (page 3, line 11)

Line 3: Subtotal (line 1 plus line 2)

Line 4: Total expenditures this period (page 5, line 14)

Line 5: Ending Balance (line 3 minus line 4)

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

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:

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:

(Candidate's signature)

Date: 5-20-15

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.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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.)

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
4-8-15	Staples	771 Boston Post Rd Marlboro, MA 01752	Business Cards	28.67
4-23-15	Staples	771 Boston Post Rd Marlboro, MA 01752	Lawn Signs	19.99
			Line 12: Total Expenditures over \$50 (or listed above)	\$48.66
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$48.66

* 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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WELCOME, Beverly (Logout)



My Saved Projects

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Store Locator


Order Details

Order Date: 4/8/2015 10:26 AM
Order Number: NKPNO-B3A39-3P6
Retail Order Number: 6827609739

Pickup Location: Store
Number 1525 | 771 Boston Post Rd. (Rt 20) , Marlborough, MA 01752, United States of America

Payment Type: Paid in store

Order Status: Order Received (Payment due at pickup)

Status Information	Delivered Products			Quantity	Price	Subtotal
Item Status: Shipped 4/10/2015 Carrier: Fulfilled By Third Party Tracking #: Not Available		Vote Color Matte Finish		200	\$17.24 \$9.74 INCLUDED	 \$26.98*
				Original Price	You Pay	
Product Total:				\$35.99	\$26.98	
Estimated Sales Tax:					\$1.69	
Total (Additional Tax May Apply):				\$37.68	\$28.67	
You Saved \$9.01!						

* State sales tax is required on this item.

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STAPLES

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WELCOME, Beverly (Logout)



My Saved Projects


Store Locator

Order Details

Order Date: 4/23/2015 2:04 PM
Order Number: 7QKBM-B3A73-7E5
Retail Order Number: 6827713539

Payment Type: Paid in store

Order Status: Order Received (Payment due at pick up)

Status Information	Delivered Products			Quantity	Price	Subtotal
Item Status: Processing		ELECT		1	\$19.99	
		Gloss			INCLUDED	\$19.99
				Original Price	You Pay	
Product Total:				\$29.99	\$19.99	
Total (Additional Tax May Apply):				\$29.99	\$19.99	
You Saved \$10.00!						