



Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance



C	ommonwealth
	Massachusett

Massachusetts		9810 1	11829 FN 9:1
ile with: Lity or Town Clerk or Election Commission Please print or type a	Ill information, except signatures.		
Fill in dates: Reporting Period Beginning Date	Year O Ending 3	Date	2010
Type of report: (Check one) 8th day preceding preliminary 8th day preceding el	ection □30 day after election	□year-end repor	t []dissolution
Cheryl A Butler	N	A	
Full Name of Candidate (if applicable) Library Board of Trustee	Commi N/A	ttee Name	00 TO
7 Princess Pine Lane Milford	Name of Com	mittee Treasurer	-
Residential Address	Committee N	Iailing Address	
Tel. No. (optional)		Tel. N	o. (optional)
Line 2: Total receipts this per Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures thi Line 5: Ending balance (line 3 m Line 6: Total in-kind contribution Line 7: Total (all) outstanding line 1. Line 8: Name of bank(s) used Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules campaign finance activity, including all contributions, loans, receipts, examt represents the campaign finance activity of all persons acting under M.G.L. c. 55. Treasurer's signature (in ink)	s period (page 3, line 14) inus line 4) ons this period (page 4) iabilities (page 4) N/A and it is, to the best of my knowledge a expenditures, disbursements, in-kind conter the authority or on behalf of this condities of perjury:	ributions and liabilities nmittee in accordance Date	Com at his annual contract of the same
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the collectify that I have examined this report including attached schedules campaign finance activity, of all persons acting under the authority on have not received any contributions, incurred any liabilities nor made at Candidate without Committee OR Candidate with independent at I certify that I have examined this report including attached schedules campaign finance activity, including contributions, loans, receipts, expand represents the campaign finance activity of all persons acting under M.G.L. c. 55. Signed under the personal date signature (ir ink)	and it is, to the best of my knowledge a r on behalf of this committee in accord- ny expenditures on my behalf during this activity filing separate report and it is, to the best of my knowledge a benditures, disbursements, in-kind contri- ier the authority or on behalf of this con-	and belief, a true and co ance with the requirem reporting period. In the belief, a true and co butions and liabilities is muittee in accordance of	omplete statement of all
Control of the contro		Date	AND THE PROPERTY OF THE PROPER

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

Date ceived	Name and Residential Address (alphabetical listing required)	Amou	nt (Occupation & Employer for contributions of \$200 or more)
The second secon				
	-		1	
	-			
Line 9:	Total receipts in excess of \$50 (or listed above)			
Lina 10.	Total receipts \$50 and under* (not listed above)	\$40	00	
	TOTAL RECEIPTS IN THE PERIOD	540	-	

^{*} 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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	nt
3-23-10	Signsplus	89 South Mainst Milford 01757	3 double sided signs with wire Stands	\$121	13
300.0	3				
1,000,000					
			-		
***************************************		Line 1	2: Expenditures over \$50	9191	13
		Line 1	3: Expenditures \$50 and under*	Ø	08
	Enter on page 1, line 4	Line 1	14:TOTAL EXPENDITURES te 12. Line 13 should include only	9191	13

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				Applications are a supplication of the supplic
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	Ø

^{*} 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
			-	4 (1114)
Ento	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		Ø

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.



Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance RECEIVEL TOWN CLERK'S OFFICE

Summary Balance from previous report Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used ### Analogo of Total contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report ind represents the campaign finance activity of all persons acting under the pandices of perjury: Treasurer's signature (in ink) Date Committee Name Name of Committee Name Name of Committee Treasurer Solutions (page 2, line 11) Solutions (page 3, line 14) Solutions (page 4) Solutions (Please print or type all information, except signatures. FORD M Ill in dates: Seporting Period Beginning But Period Beginning B	ASS Year
Committee Name Committee Name Name of Committee Mailing Address	Full Name of Candidate (if applicable) Till in dates: Month Date Year Ending Full Name of Candidate (if applicable) Library Board of Trustee Month Pate Year Ending So 10 Ending Month Ending Month Date Full Name of Candidate (if applicable) Committee Name	0
Reporting Period Beginning St. Ending St. Stype of report: (Check one) Sth day preceding preliminary Sth day preceding election Affdavit of Committee Treasurer: Line 1: Ending balance (line 3 minus line 4) 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 Affdavit of Committee Treasurer: Committee Name Name of Committee Treasurer Name of Committee Treasurer Name of Committee Treasurer Committee Mailing Address Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 2, line 11) Line 5: Ending balance (line 3 minus line 4) 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 Affdavit of Committee Treasurer: Lertify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statem and represents the campaign finance activity, nebuling all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report campaign finance activity, nebuling all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the require Signature (in ink)	Reporting Period Beginning 3 30 10 Ending 5 7 Type of report: (Check one) Sth day preceding preliminary 8th day preceding election 30 day after election year-end report Full Name of Candidate (if applicable) Library Board of Instee	0
Sth day preceding preliminary	hery Ann Butler Full Name of Candidate (if applicable) Library Board of Invotee Committee Name	□dissolutio
Full Name of Candidate (if applicable) Office Sought and District Tel. No. (optional) Residential Address Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of Committee Treasurer: 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 statem campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report 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 perjury: Date	Full Name of Candidate (if applicable) Library Board of Instee	
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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 statem campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporti and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the require M.G.L. c. 55. Signed under the penalties of perjury: Date	Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) S S S S S S S S S S S S S	
Treasurer's signature (in ink)	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 com campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with	i mis reporting
	Treasurer's signature (in ink)	
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	

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 a
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. 33.
have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Condidate without Committee OR Candidate with independent activity filing separate report
Leartify 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 a
receipts expenditures disbursements, in-kind contributions and habilities 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
and represents the campaign rinaires activity of the p

Signed under the penalties of perjury:

M.G.L. c. 55.

Candidate signature (in ink)

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.

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

Date eceived	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
				THE SALE OF THE SA
			ener Ener	
			t	
		W.		
Line 9: To	otal receipts in excess of \$50 (or listed above)			
Line 10: To	otal receipts \$50 and under* (not listed above)		1000	
	OTAL RECEIPTS IN THE PERIOD	1		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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	ınt
					k
A PRODUCTION			Expenditures over \$50		197
		Line 13	Expenditures \$50 and under*	TA STATE	
	Enter on page 1, line 4		:TOTAL EXPENDITURES	0	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
ŭ				
	department of the table			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	(
	Enter on page 1, line 6	Line 17:	Total In-kind	10

^{*} 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
3-73-10 1000 CHB	Signs Plus	79 South Main 898	(3) signs	981.13 1eft from \$121.13
	Enter on page 1, line 7	Line 18: OUTSTANDING		-81.13

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.

Page 4



Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

2011 FFR -2 DI

Fil

Cit

Candidate signature (in ink)

with: or Town Clerk or Election Commission Please print or type all infor	mation, except signatures.
Fill in dates: Reporting Period Beginning 5 6 10	Ending 12 3) Date Year
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	□30 day after election □ year-end report □ dissolution
Chery LAND Butler Full Name of Candidate (if applicable) Library Board of Trustee	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this pe Line 5: Ending balance (line 3 minus li Line 6: Total in-kind contributions t Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used	this period (page 4) $\$$
: c	is, to the best of my knowledge and belief, a true and complete statement of al itures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of perjury:
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on b have not received any contributions, incurred any liabilities nor made any exp Candidate without Committee OR Candidate with independent activity.	this, to the best of my knowledge and benef, a true and complete statement of an behalf of this committee in accordance with the requirements of M.G.L. c. 55. I benditures on my behalf during 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

Signed under the penalties of perjury:

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

Date Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more	
Line 9: To	otal receipts in excess of \$50 (or listed above)				
Line 10: To	otal receipts \$50 and under* (not listed above)				
	OTAL RECEIPTS IN THE PERIOD		0	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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
			Expenditures over \$50		100
		Line 13:	Expenditures \$50 and under*		
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES		0

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
in the				
				ACCOUNT.
			W. Michielle	
	TENTON TO STATE OF			
Salver Con				
		Time 15.	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	1

^{*} 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
3-23-10	signs Plus	89 South MainSt	Signs	\$81.13 hel from \$131.13
Calminate de				
Enter on page 1, line 7		Line 18: OUTSTANDING	LIABILITIES (ALL)	-81.13

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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