

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED OFFICE

Massachusetts le with:			7 MAY -2	PM 4+ 20-
ty or Town Clerk or Election Commission Please print or type all informati	on, except signat	ures.	FORD	MASS
Fill in dates: Reporting Period Beginning 3 20 12	Ending	Month_ ら	Date	Year /3
Type of report: (Check one) □ 8th day preceding preliminary □ 8th day preceding election □	30 day after elect	tion □year	-end report	□dissolution
PAULA L. FORTIN		NA		
Full Name of Candidate (if applicable) TAX COLLECTOR	Committee Name			
2 Lombards Cr.	Name of	Committee T	reasurer	
Residential Address	Committee Mailing Address			
Tel. No. (optional)			Tel. No	. (optional)
SUMMARY BALANCE I	INFORMATI	ON:		7
Line 1: Ending balance from previous	s report	\$		
Line 2: Total receipts this period (page	 .	\$		
Line 3: Subtotal (line 1 plus line 2)		\$		1
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	-	\$		
Line 8: Name of bank(s) used				
			<u> </u>	<u> </u>
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the campaign finance activity, including all contributions, loans, receipts, expenditures, defined and represents the campaign finance activity of all persons acting under the authority M.G.L. c. 55. Signed under the penalties of perjusters.	isbursements, in-kind y or on behalf of th	l centributions a	and liabilities f	or this reporting peri
Treasurer's signature (in ink)		D	ate	
FOR CANDIDATE FILINGS ONLY: (C	ANDIDATE MUST	SIGN BELOV	¥)	
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 campaign finance activity, of all persons acting under the authority or on behalf of have not received any contributions, incurred any liabilities nor made any expenditure Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to the campaign finance activity, including contributions, loans, receipts, expenditures, discard represents the campaign finance activity of all persons acting under the authority.	this committee in a s on my behalf during separate report ne best of my knowled bursements, in-kind	ccordance with g this reporting edge and belief, contributions an	the requirement period. a true and corud liabilities fo	nts of M.G.L. c. 55. nplete statement of a r this reporting period



Form CPF M 102: Campaign Finance Report

RECEIVED OWN CLERK'S OFFICE

Municipal Form VED

Office of Campaign and Political Finance OFFICE

OWN CLERK'S OFFICE Fi C

File with:	7DEC -3 AM 8: 34		
City or Town Clerk or Election Commission Please print or type all inform			
<u> </u>	mation, except signatures. [FORD, MASS ALFORD, M		
Fill in dates: Month Date Year Reporting Period Beginning 5 3 /2	Ending 12 31 12		
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	□30 day after election		
Kaula I. Fortin)			
Full Name of Candidate (if applicable) Jan Colloctor	Committee Name		
2 Lombardi Curile	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 per Line 5: Ending balance (line 3 minus line Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liabilit Line 8: Name of bank(s) used	e 4) \$ nis period (page 4) \$		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, campaign finance activity, including all contributions, loans, receipts, expenditur and represents the campaign finance activity of all persons acting under the aut M.G.L. c. 55. Signed under the penalties of p	es, disbursements, in-kind contributions and liabilities for this reporting peri thority or on behalf of this committee in accordance with the requirements		
Freasurer's signature (in ink)	Date		
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, campaign finance activity, of all persons acting under the authority or on beha have not received any contributions, incurred any liabilities nor made any expend ☐ Candidate without Committee OR Candidate with independent activity fil I certify that I have examined this report including attached schedules and it is, campaign finance activity, including contributions, loans, receipts, expenditures and represents the campaign finance activity of all persons acting under the auth M.G.L. 55. Signed under the penalties of	to the best of my knowledge and belief, a true and complete statement of a slif of this committee in accordance with the requirements of M.G.L. c. 55. litures on my behalf during this reporting period. Iling separate report to the best of my knowledge and belief, a true and complete statement of a s, disbursements, in-kind contributions and liabilities for this reporting period hority or on behalf of this committee in accordance with the requirements of the second statement of the		
Talla of Jostin			
Candidate signature (in ink)	Date		