Raymond Paqueci - constable



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

10WN CLERK OF FICE

Commonwealth of Massackusetts			2010 MAR 29 A	H 10: 40
File with: City or Town:	Lerk or Election Commission Please print or type all	information, except signat	nures.	MASS.
	ares Month Date g Period Beginning T H	Year Bollo Ending	Month Date 3 2 4	Year 2010
Type of 8th da	report: (Check one) y preceding preliminary . □8th day preceding ele	ction □30 day after elec	tion □year-end repor	t dissolution
	Parksyr) C. Acyci() Full Name of Candidate (If applicable)	C	ommittee Name	
	100 100 Sought and District	Name of	Committee Treasurer	
	Residential Address 3.58 LF 3 - 9012	Commi	ttee Mailing Address	
	Tel. No. (optional)		Tel. N	o. (optional)
Campaign	Line 1: Ending balance from p Line 2: Total receipts this peri Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 min Line 5: Ending balance	od (page 2, line 11) s period (page 3, line 14) ns this period (page 4) abilities (page 4) and it is, to the best of my know penditures, disbursements, in-kin the authority or on behalf of the	\$ CO \$ S \$ S \$ S S S S S S S S S S S S S S S S S S S	s for this reporting period
Treasurer	Preignature (mant) white		Date	
- 245	<u>EORCANDIDATE FILINGS</u>	ONLY: (CANDIDATE MUS	T SIGN BELOW)	· · · · · · · · · · · · · · · · · · ·
Candida Tecerifyil campaign have motor to the campaign from the campaign term of the campaign	ord Candinate: Rebeckel box only) date with Committee and no activity independent of the consist glasses samined this report including attached schedules a lineance activity, of all persons acting under the authority or excessed any contributions, ancurred any liabilities nor made any first any contributions, ancurred any liabilities nor made any first and the with independent as at a large la	and it is, to the best of my know on behalf of this committee in y expenditures on my behalf duri- ctivity filing separate report and it is, to the best of my know enditures, disbursements, in-kind or the authority or on behalf of the	accordance with the requiren ng this reporting period. ledge and belief, a true and contributions and liabilities his committee in accordance	complete statement of all for this reporting period
Candidat	e signature varinkisco		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

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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				Anna and an anna and an anna anna anna a
	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)	<u> </u>		
77-231-	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.

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	Amo	unt
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The state of the s				310	D o
end Service		Line 12	Expenditures over \$50	3/0	0.0
			: Expenditures \$50 and under*		1
	Enter on page 1, line 4		:TOTAL EXPENDITURES		06

Mission have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not 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.

Γ	Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	lada en gaj dan departe para per apa ancidente esti esti en l'esc	www.manamanaris.ch.izz.ch.izz.ch.iz.ch.iz.ch.izz.ch.izz.ch.izz.ch.izz.ch.izz.ch.izz.ch.izz.ch.izz.ch.izz.ch.iz			
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				100 010000	
tea (coi-	dayah daga da a				
L			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

^{*} 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
Sabbut to the constitute of th				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (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.

Page 4

Kaymona ragueci - constavue



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

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Fil	ew	vitl

Date

of Massachusetts		2018 MAY -7 AM 10: 35
File with City or Town Clerker Election Commis	ssion Please print or type all information, except signatures.	MILEORD, MASS
Fill in drive Reporting Person Regimning	Month Date Year Year Ending 5	DateYear
Type-of-region: Check on 18th day preceding prelimi	an 图8th day preceding election 点30 day after election 口ye	ar-end report □dissolution
The State of	ilidate (grappicable) Committee Na	
	Name of Committee Committee Mailing Cal No. (optional)	
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	\$	
s certain variables to the control of the first	report ancluding attached schedules and it is, to the best of my knowledge and beling all scontainations; aloans, areceipts, expenditures, disbursements, in-kind contribution of activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	as and liabilities for this reporting period
Account of the control of	1772	Date
	OR <u>= Neudoate fellings only:</u> (candidate must sign bel	OW) ,
Form All Comments of the Comme	Not cally and more described by the committee special and the persons acting under the authority or on behalf of this committee in accordance was a montred and habilities nor made any expenditures on my behalf during this reports a montred and habilities nor made any expenditures on my behalf during this report is report including attached achedules and it is, to the best of my knowledge and belong contributions loans receipts, expenditures, disbursements, in-kind contributions to the committee of the committee	ith the requirements of M.G.L. c. 55. I ng period. ief, a true and complete statement of all s and liabilities for this reporting period

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

mber on each page: Date Name and Residential Address Received (alphabetical listing required)		Amou	unt	Occupation & Employer (for contributions of \$200 or more)
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		AND STREET		Control of the Contro
	Potal receipts an excess of \$50 (or listed above)			
	Total receipts \$50 and under (not listed above)	i que acesa a maior de la compansión de la	200	
hade a har	10 EXERCIPERSINAL PERIOD	(,	W Cycles	Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

MGL.c. 35 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-eac Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2013 2 1223 2 223				
	New York			
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W. G. W.		, , , , , , , , , , , , , , , , , , , 	Expenditures over \$50 Expenditures \$50 and under*	
**	Enter on page 1, line 4		TOTAL EXPENDITURES	0

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
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4					
			Control Service Action in the Control of the Contro	In-kind over \$50 In-kind \$50 and under	
		Enter on page 1, line 6		Total In-kind	0

^{*} 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.

ì	Date	To Whom Due	Address	Purpose	Amount
	Incurred				
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Section Sectio					
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2. 2.22	and the state of t	entre de la constant			
,	ASPEC S	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (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 1



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED

2010 DEC 15 PM 12: 13

Trill a secretal	
FILE WITE	

Candidate signature (in ink)

Fill in dates: Month Date Reporting Period Beginning 5	Year Month Date Year 10 Ending 12 31 15
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding e	election 30 day after election year-end report dissolution
Full Name of Candidate (if applicable) Full Name of Candidate (if applicable) Office Sought and District Residential Address FOR - 473-90/2 Tel. No. (optional)	Committee Name Name of Committee Treasurer Committee Mailing Address
Line 1: Ending balance from Line 2: Total receipts this per Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures the Line 5: Ending balance (line 3 re Line 6: Total in-kind contribute Line 6: Total in-kind contribute Line 6: Total (all) outstanding Name (c) Plank(s) used	riod (page 2, line 11) S S O nis period (page 3, line 14) minus line 4) s -150.00 ions this period (page 4) S O
and the state of t	es and other best of my knowledge and belief, a true and complete statement of a sexpenditures disbursements in kind contributions and liabilities for this reporting period of this committee in accordance with the requirements of this committee in accordance with the requirements of the state of perjury:
logg nyar' ya gina (myinta).	Date
EGREANDIDATETIANO	GS ONLY: (CANDIDATE MUST SIGN BELOW)
Versity processing the communication of the contribution of the	committee les and it is, to the best of my knowledge and belief, a true and complete statement of al

SCHEDULE A: RECEIPTS

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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 Date: 32 Received		* Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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77.43 (1) 47.43 (2) 77.42 (3)				
	tal receipts in excess of \$50 (or listed above)			
Line 10: 10 Line 11: TC	tal receipts \$50 and under (not listed above)	-O.		Enter on page 1, line 2,

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

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

mumber on each page.

umber on eac	n.page.		<u>, </u>	<u> </u>			
Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount			
	(alphabetical listing)	A Comment of the Comm	Compagning to the card		11.	·	
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		Line 12:	Expenditures over \$50	150	U B	inguing. Talkan Talkan	
			Expenditures \$50 and under*	S. J. LAWAR			
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e de especial de rêg	instrumpage 1, line 4		TOTAL EXPENDITURES	\$150	00		

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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	Berge Street	Line 15:	In-kind over \$50	
A No.		Line 16:	In-kind \$50 and under	
	Enter on page 1. line 6	Line 17:	Total In-kind	

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

SCHEDULE D: LIABILITIES

M.Gil. 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.

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	the section of the se	Emelica Opensicaniding	LIABLITES (ALL)	0

Please include your committee name and a page number