

Candidate signature (in ink)

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

RECEIVED

le with: ity or Town Clerk or Election Commission Please print or type all in	2012 APR 20 PM 1: 59 Information, except signatures.
Fill in dates: Reporting Period Beginning March Date 15	Year 2012 Ending Mark B 2012
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	on 230 day after election year-end report dissolution
Donal Quattro Jus Full Name of Candidate (if applicable)	Donald Quattrolistor Shoot Comme
Office Sought and District Huffel Wiffel MA	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. 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 p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used	(page 2, line 11) \$ 74/.83 eriod (page 3, line 14) \$ 74/.83 line 4) \$ this period (page 4) \$
I certify that I have examined this report including attached schedules and it campaign finance activity, including all contributions, loans, receipts, expend	t is, to the best of my knowledge and belief, a true and complete statement of all litures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of of perjury:
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 activit I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expending	tis, to the best of my knowledge and belief, a true and complete statement of all chalf of this committee in accordance with the requirements of M.G.L. c. 55. I conditures on my behalf during this reporting period. If the best of my knowledge and belief, a true and complete statement of all cares, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of

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 Receive	Name and Residential Address ed (alphabetical listing required)	Name and Residential Address Amou (alphabetical listing required)		unt	nt Occupation & Employer (for contributions of \$200 or more			
4///	2 Patricia DuAttrouris	3	∞	00				
4111	2 Patricia DuAttrolio 2 Doudd QuAttrolio	4	11	83	Retired Selt-Bainshark Inc WALA			
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ino O: 1	Total assistation of Sanata	3	5					
	Total receipts in excess of \$50 (or listed above)	741	B	3				
	Total receipts \$50 and under* (not listed above)	C) ()				
	TOTAL RECEIPTS IN THE PERIOD itemized receipts of \$50 and under include them in line to	741	8	<u>3</u> E	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 number on each page.

Date Paid To Whom Paid (alphabetical listin		Address	Purpose of Expenditure	Amount		
4/1/12	JPLiquers	134 Main St Mile	I CAMPAIN DIMAGE	8148	02	
4(2/12	JPLiquers Oliva's	83-85 EMainst.	CAMPAIGN DINAGET Grupa yn Dinagetol Valento Signs For Compage	291	13	
3/28/12	SignoPlus	895 MainSt.	Signs for Compain	302	81	
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		Line 12: Ex	spenditures over \$50	3028	71	
Line 13: Expenditures \$50 and under*					5	
Enter on page 1, line 4 Line 14:TOTAL EXPENDITURES						

^{*}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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