

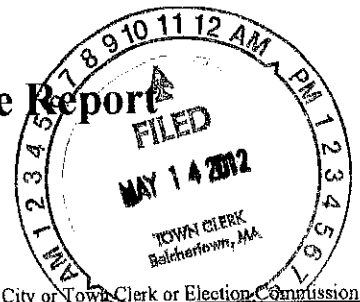


Commonwealth of Massachusetts

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: Ending Date:

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Candidate Full Name (if applicable)

Office Sought and District

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	<input type="text" value="44.72"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="2145.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="2189.72"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1681.31"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="508.41"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="FLORENCE SAVINGS BANK"/>

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: Karen A. Chrisman (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:

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/12/2012	CLAIRE BALDWIN 761 FEDERAL ST. BELCHERTOWN MA 01007	100.00	
4/30/2012	WILLIAM BARNETT 16 WATERFORD DR BELCHERTOWN MA 01007	100.00	
5/11/2012	SEAN CLEARY 3 SPRING HILL RD BELCHERTOWN MA 01007	100.00	
4/06/2012	JUDITH FULLER GILLIAN 270 JACKSON ST BELCHERTOWN MA 01007	110.00	
4/04/2012	LOY HARRIS 53 SPRING HILL RD BELCHERTOWN MA 01007	250.00	
4/07/2012	LEWIS AND MARGARET LOURAINÉ 678 FEDERAL ST BELCHERTOWN MA 01007	100.00	
4/16/2012	HILARY WOODCOCK 574 NORTH GULF RD BELCHERTOWN MA 01007	110.00	
Line 9: Total Receipts over \$50 (or listed above)		870.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1275.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2145.00	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/09/2012	CLICK2MAIL	8103 10TH ST N, STE 201 ARLINGTON VA 22201	MAILING	441.63
5/11/2012	CLICK2MAIL	8103 10TH ST N, STE 201 ARLINGTON VA 22201	MAILING	202.54
5/13/2012	CLICK2MAIL	8103 10TH ST N, STE 201 ARLINGTON VA 22201	MAILING	65.20
4/11/2012	COPYCAT AMHERST	87 EAST PLEASANT ST AMHERST MA 01002	PRINTING	213.59
4/11/2012	POLIGRAPHICS	340 BROADWAY ST. PAUL MN 55071	LAWN SIGNS	225.00
3/30/2012	US POSTAL SERVICE	AMHERST MA 01002	POSTAGE	135.00
4/09/2012	US POSTAL SERVICE	NORTHAMPTON MA 01060	POSTAGE	135.00
4/14/2012	US POSTAL SERVICE	NORTHAMPTON MA 01060	POSTAGE	180.00
Line 12: Total Expenditures over \$50 (or listed above)				1598.46
Line 13: Total Expenditures \$50 and under* (not listed above)				82.85
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1681.31

Enter on page 1, line 4 →

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

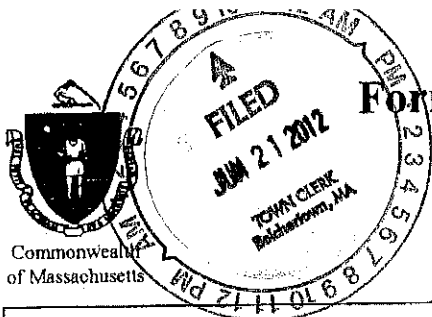
SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NONE			
Line 15: In-Kind Contributions over \$50 (or listed above)				0.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				0.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0.00

Enter on page 1, line 6 →

* 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.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

05/14/2012

Ending Date:

06/19/2012

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

KENNETH E. ELSTEIN
Candidate Full Name (if applicable)

SELECTMAN
Office Sought and District

76 NORTH ST., BELCHERTOWN, MA 01007
Residential Address

Telephone Number (optional): _____

ELECT ELSTEIN COMMITTEE
Committee Name

KAREN A. CHRISMAN
Name of Committee Treasurer

76 NORTH ST., BELCHERTOWN, MA 01007
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

508.41

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

430.00

Line 3: Subtotal (line 1 plus line 2)

938.41

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

842.99

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

95.42

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

0

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

0

Line 8: Name of bank(s) used:

FLORENCE SAVINGS BANK

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:

Karen A. Chrisman (Treasurer's signature)

Date:

06/19/2012

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:

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
05/17/2012	KENNETH ELSTEIN 76 NORTH STREET BELCHERTOWN MA 01007	100.00	
05/19/2012	DARLENE SLIWA 188 SOUTH LIBERTY STREET BELCHERTOWN MA 01007	200.00	FUNERAL DIRECTOR NEW ENGLAND FUNERAL AND CREMATION CENTER, LLC
Line 9: Total Receipts over \$50 (or listed above)		300.00	
Line 10: Total Receipts \$50 and under* (not listed above)		130.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		430.00	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
05/15/2012	CLICK2MAIL	3103 10TH ST N, STE 201 ARLINGTON VA 22201	MAILING	441.63
05/17/2012	SUNRAISE INC.	322 RUSSELL STREET HADLEY MA 01035	SIGNS	401.36
Line 12: Total Expenditures over \$50 (or listed above)				842.99
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				842.89

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NONE			
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

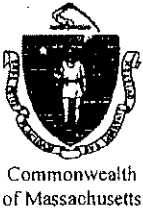
Enter on page 1, line 6 →

* 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

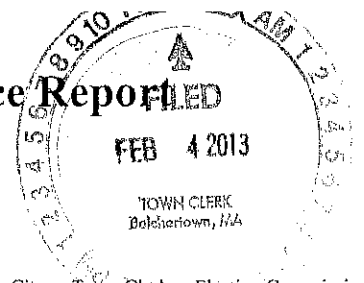
M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	NONE			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



Form CPF M 102: Campaign Finance Reported Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

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	<input type="text" value="95.42"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="95.42"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="95.42"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0.00"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="FLORENCE SAVINGS BANK"/>

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:

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	NONE		
Line 9: Total Receipts over \$50 (or listed above)		0.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0.00	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/31/2012	FatCow	10 Corporate Dr. Suite 300 Burlington, MA 01803	Internet Website	95.41
Line 12: Total Expenditures over \$50 (or listed above)				95.42
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				95.42

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NONE			
Line 15: In-Kind Contributions over \$50 (or listed above)				[]
Line 16: In-Kind Contributions \$50 & under (not listed above)				[]
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				[]

* 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
	NONE			

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**