



Commonwealth
of Massachusetts

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

AGS OFFICE
WELLESLEY MA 02482

2014 FEB 24 A 8:30

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:	Month	Date	Year	Month	Date	Year	
Reporting Period Beginning	1	23	2014	Ending	2	23	2014

Type of report: (Check one)

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

Diane Campbell

Full Name of Candidate (if applicable)

School Committee - Wellesley

Office Sought and District

85 Grove Street, Wellesley

Residential Address 02482

Tel. No. (optional)

Committee to Re-elect Diane

Committee Name Campbell

Virginia Ferk

Name of Committee Treasurer Wellesley

155 Grove Street, 02482

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>—</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1875.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1875.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1399.35</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>475.65</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>Wellesley bank</u>

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:

Virginia Ferk

2/23/2014

Date

Treasurer's signature (in ink)

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 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 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 number on each page.

Line 9: Total receipts in excess of \$50 (or listed above) 1325.00

Line 10: Total receipts \$50 and under* (not listed above) **550** **00**

Line 11: TOTAL RECEIPTS IN THE PERIOD 1875 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.

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.

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				
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
Enter on page 1, line 7				
Line 18: OUTSTANDING LIABILITIES (ALL)				

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.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 2-21-2014	
Name of Individual Being Reimbursed: Diane Campbell	
Committee Name: Committee to Re-elect Diane Campbell	
CPF ID Number (if applicable):	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
	US Postal Service	on-line Store	postage	545.85

(Include items listed on Page 2)

→ Line 1: Expenditures in excess of \$50 (itemized above):

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Line 2: Expenditures \$50 or under (not itemized):

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Line 3: TOTAL AMOUNT REIMBURSED:

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Signed under the penalties of perjury:

Diane Yerko Treasurer
Signature of Candidate/Treasurer

Date: **2/21/2014**

Please prepare a separate report for each reimbursement check issued by the committee.