

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

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HUDSON TOWN CLERK

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

| Fill in dates: Manth Dear Year Month Dear Year Reporting Period Beginning April 23 2011 Ending May 31 2011 |
|--|
| Type of report: (Check one) due June 8, 2011 Sth day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution |
| Full Name of Candidate (If applicable) SE/ECTMAN Office Sought and District /2 Stoul St. Hudson Residential Address Tel. No. (optional) Tel. No. (optional) Alt Your Loura (omniffed) Committee Name Josi Vicente (ABRAL Name of Committee Treasurer) 6 Authum Dr. Hudson Committee Mailing Address 978-562-3323 Tel. No. (optional) |
| SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 pius line 2) 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 (page 4) Line 8: Name of bank(s) used Avi Di 4 Bank |
| Affairwit of Committee Treasurer: certify that 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, disturtements, 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. 25. Signed under the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of perjury: Continued the penalties of penalties of perjury: Continued the penalties of perjury: Continued the penalties of p |
| Affidants of Candidate: (cineck 1 bor 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 during this reportance 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 fling separate report. I certify that I have examined this report including attached schedules and it to the best of my knowledge and belief a true and complete statement of all campaign finance activity, including commitment loans, receipts, expenditures, disconvenents, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting sincer 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: 6/3/11 Late |

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 tumize 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.

| minper on a | ach page. | | | | |
|------------------|--|----------|-----|--|--|
| Date Received | Name and Residential Address (alphabetical listing required) | | unt | Occupation & Employer (for contributions of \$200 or more) | |
| | | 350 | 00 | PRESIDENT SIF CONCRETE | |
| 5/8/11 | RODNEY FRIAS 22 BRENTWOOD HUDSON ANDREA GARCIA 78 PARMENTER RD. HUSON | 500 | OU | DERSY ASSOCIATION | |
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| | | | | | |
| | Total receipts in excess of \$50 (or listed above) | 1850 | .00 | K | |
| Lins 10 | Total receipts \$50 and under* (not listed above) | ! | | _] | |
| Line II | TOTAL RECEIPTS IN THE PERIOD | ! | | Emer on page 1, line 2 | |

Figs 2.

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

| mber on eac Date Paid | To Whom Paid | Address | Purpose of Expenditure | Amount | |
|--------------------------|--|-----------------------------------|--|----------------------|--|
| K/2/[1 | Metno WEst Printing | MARISORO | Mailing CARDS | 72194 | |
| 41/11 | Metro West Printing Pontugal 73 Sign-A-RAMA | MARISORO Framighen Marisoro | MAILING CARDS WSRO RADIO ADD | 721 94 450 00 117.82 | |
| 5/4/11 | Sign - H - RAMA | Max/60x0 | LAND SIGNS | 1/7.82 | |
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| | 1 | | ne 12: Expenditures over \$50 | 1,2897 | |
| | | | Line 13: Expenditures \$50 and under Line 14: TOTAL EXPENDITURES 1,289.7 | | |
| | Enter on page 1, line 4 | L | | | |

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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 |
|------------------|-------------------------|---------------------|-----------------------------|-------|
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| • | | | | |
| | | | | |
| | | Line 15: I | n-kind over \$50 | |
| | | Line 16: I | n-kind \$50 and under | |
| | Enter on page 1, line 6 | Line 17: 7 | Fotal In-kind | |

^{*} If an in-kind contribution is received from a person who contributes more than 250 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 |
|------------------|-------------------------|--|--------|
| | | | |
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| | | | |
| | · <u> </u> | | |
| | Enter on page 1, line 7 | Line 18: OUTSTANDING LIABILITIES (ALL) | ļ. |

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