Commonwealth of Massachusetts

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

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2015 JUN 22 P 3:23

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month: May Date: 5 Year: 2015 Ending Month: Jun Date: 5 Year: 2015

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

Lawrence Onie
Full Name of Candidate (if applicable)

Selectman
Office Sought and District

32 Marshal St
Residential Address

Brookline, MA

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 0
Line 2: Total receipts this period (page 2, line 11)	$ 0
Line 3: Subtotal (line 1 plus line 2)	$ 0
Line 4: Total expenditures this period (page 3, line 14)	$ 0
Line 5: Ending balance (line 3 minus line 4)	$ 0
Line 6: Total in-kind contributions this period (page 4)	$ 0
Line 7: Total (all) outstanding liabilities (page 4)	$ 0
Line 8: Name of bank(s) used	

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 (in ink) **Date**

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:

Lawrence M. Onie 6/15/15

Candidate signature (in ink) **Date**

Form SEL102: Brookline Supplemental Campaign Finance Report

To be completed by candidates for the office of Selectman pursuant to Sec. 3.1.7 of the Town By-Laws

Please print or type all information except signatures

Fill in dates:
Reporting period beginning Month: May Day: 5 Year: 2015 and ending Month: June Day: 5 Year: 2015

Report period:
☐ 15th day before election ☐ 8th day before election ☑ 30th day after election ☐ Year-end report

Laurence Onie
Full name of candidate

Selectman
Office sought

32 Marshal St
Residential address

Brookline

Tel. No. (optional)

Committee name

Name of committee treasurer

Committee mailing address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION

Line 1: Ending balance from previous report	$ 0
Line 2: Total receipts this period (from page 2, line 11)	$ 0
Line 3: Subtotal (line 1 plus line 2)	$ 0
Line 4: Total expenditures this period (from page 3, line 14)	$ 0
Line 5: Ending balance (line 3 minus line 4)	$ 0
Line 6: Total in-kind contributions this period (from page 4)	$ 0
Line 7: Total of all outstanding liabilities (from page 4)	$ 0
Line 8: Name of bank used	

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 and Brookline By-Laws, sec. 3.1.7.

Signed under the penalties of perjury:

Treasurer's signature (in ink) **Date**

FOR CANDIDATE FILINGS ONLY: **(Candidate must sign below)**

Affidavit of Candidate: (check one 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 and Brookline By-Law 3.1.7. 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 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 and Brookline By-Laws, sec. 3.1.7.

Signed under the penalties of perjury:

Laurence M. Onie 6/15/15

Candidate's signature (in ink) **Date**

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2015 JUN 29 PM 3:57

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/10/15 Ending Date: 5/25/15

Type of Report: (Check one)

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

Nancy S. Heller
Candidate Full Name (if applicable)

Selectman, Brookline MA
Office Sought and District

40 Abbotsford Rd, Brookline MA 02446
Residential Address

Telephone Number (optional):

Committee to Elect Nancy Heller
Committee Name

Carol Deanow
Name of Committee Treasurer

40 Abbotsford Rd, Brookline MA 02446
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	12,346.26	12 346.26
Line 2: Total receipts this period (page 3, line 11)	1071.00	
Line 3: Subtotal (line 1 plus line 2)	13,417.26	
Line 4: Total expenditures this period (page 5, line 14)	(11,387.07)	
Line 5: Ending Balance (line 3 minus line 4)	2,030.19	
Line 6: Total in-kind contributions this period (page 6)	177.16	
Line 7: Total (all) outstanding liabilities (page 7)	4243.99	
Line 8: Name of bank(s) used:	Citizens 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: Carol Deanow (Treasurer's signature) Date: 5/29/15

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: Nancy S. Heller (Candidate's signature) Date: 5/29/15

COMMITTEE TO ELECT NANCY HELLER

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)
	See attached page		

Line 9: Total Receipts over $50 (or listed above)	750.-
Line 10: Total Receipts $50 and under* (not listed above)	321.-
Line 11: TOTAL RECEIPTS IN THE PERIOD	1071. ← 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.

POST-ELECTION HELLER DEPOSITS OVER $100 – ALPHABETIZED

Filing: June 4, 2015

B			
5/8/15	**Beverly Basile**, 902 W. Roxbury Parkway, Chestnut Hill, MA 02467	100.00	Self/real estate devel
5/8/15	**John Robert Basile**, 1040 West Roxbury Parkway, Chestnut Hill, MA 02467	100.00	Self/real estate devel
5/8/15	**Robert W. Basile**, 40 Williams St. Brookline, MA 02446	150.00	Self/real estate devel
C			
4/27/15	**Susan Cohen**, (Act Blue) 31 Russell St. Brookline, MA, 02446	100.00	CambHsgAuth/atty
G			
L			
4/27/15	**Judith Siegel Leichtner**, 121 Beverly Rd, Chestnut Hill, MA 02467	100.00	Self/consultant
W			
4/27/15	**Roberta Winitzer**, 1160 Beacon St., Brookline, MA 02446	100.00	Retired
X			
4/27/15	**Yuan Xiong**, 40 Abbottford Rd, Brookline, MA 02446	100.00	DanaFarber/post-doc

COMMITTEE TO ELECT NANCY HELLER

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/19/15	Act Blue		processing fee	3.95
5/3/15	Act Blue		processing fee	1.98
5/12/15	Carol Deanow	367 Harvard St Brookline MA 02446	postage	19.95
5/13/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	REPAY LOAN TO CAMPAIGN	5000.00
3/26/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	Kickoff Party: Alberto Flowers	93.60
3/26/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	Kick off Party: Party City	58.32
3/26/15	Nancy Heller	40 Abbotsford Rd. Brookline MA 02446	Kick off Party: Whole Foods	109.98
3/13/15	Nancy Heller	40 Abbotsford Rd. Brookline MA 02446	postage	245.—
5/15/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	Reimbursement of the prorated portion of cost for palm	64.—
			cards produced at Staples on 5/1/15	
4/27/15	J. Sherman Studio	154 Lincoln St. Newton MA 02461	design support	300 —
5/12/15	RedSun Press	94 green St. Boston MA 02130	Printing for mailing	5456.29

Line 12: Expenditures over $50 (or listed above)	11,353.07
Line 13: Expenditures $50 and under* (not listed above)	34.—
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	11387.07

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

COMMITTEE TO ELECT NANCY HELLER

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
Between 4/7/15 and 4/30/15	Ethan Treistman	26 Gorham Ave Brookline MA 02445	Wood stakes for signs	151.66

Line 15: In-Kind Contributions over $50 (or listed above)	151.66
Line 16: In-Kind Contributions $50 & under (not listed above)	25.50
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	177.16

* 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.

COMMITTEE TO ELECT NANCY HELLER

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
2/23/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	LOAN TO CAMPAIGN	2000.00
4/1/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	AD: Community Newspapers; Gateway Media	1846.85
3/28/15	Nancy Heller	40 Abbotsford Rd. Brookline MA 02446	Food for Kick-off Party: Star	14.95
4/24/15	Nancy Heller	40 Abbotsford Rd. Brookline MA 02446	Wine/Beer for Campaign Events: Costco	72.73
4/24/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	Food for Campaign Events – Costco	72.73
4/27/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	postage	102.00
4/29/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	postage	34.—
4/30/15	Nancy Heller	40 Abbotsford Rd. Brookline MA 02446	postage	58.80
5/3/15	Nancy Heller	40 Abbotsford Rd. Brookline MA 02446	Food for Campaign Event: Star	12.44
5/3/15	Nancy Heller	40 Abbotsford Rd. Brookline MA 02446	Food for Campaign Event: Trader Joe's	19.71
5/4/15	Nancy Heller	40 Abbotsford Rd Brookline MA 02446	Food for Campaign Event: Whole Foods	9.78

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 4243.99

COMMITTEE TO ELECT NANCY HELLER

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/12/15

Name of Individual Being Reimbursed: Carol Deanow

Committee Name: Committee to Elect Nancy Heller

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	19.95
Line 3: TOTAL AMOUNT REIMBURSED:	19.95

Signed under the penalties of perjury:

Nancy S. Heller
Signature of Candidate / Treasurer

Date: 5/29/15

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

COMMITTEE TO ELECT NANCY HELLER

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/13/15

Name of Individual Being Reimbursed: Nancy Heller

Committee Name: Committee to Elect Nancy Heller

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/13/15	Nancy Heller	40 Abbotts ford Rd. Brookline MA 02446	REPAY LOAN TO CAMPAIGN	5000.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	5000.00
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	5000.00

Signed under the penalties of perjury:

Nancy S. Heller Carol Dearow Date: 5-29-15

Signature of Candidate / Treasurer

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

COMMITTEE TO ELECT NANCY HELLER

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth of Massachusetts

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: 5/13/15

Name of Individual Being Reimbursed: Nancy Heller

Committee Name: Committee to Elect Nancy Heller

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/26/15	Alberts Flowers.	1392A Beacon St. Brookline MA 02446	Flowers for Kick-off Event.	93.60
3/26/15	Party City	1660 Soldiers Field Rd. Brighton MA 02135	Paper Goods for Campaign Events	58.32
3/26/15	Whole Foods.	15 Washington St. Brighton MA 02135	Food for Kick-off Event	109.98
3/13/15	U.S. Postal Service	1295 Beacon St Brookline MA 02446	postage	245.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	506.90
Line 2: Expenditures $50 or under (not itemized):	34.—
Line 3: TOTAL AMOUNT REIMBURSED:	540.90

Signed under the penalties of perjury:

Nancy S. Heller Carol Deacon

Signature of Candidate / Treasurer

Date: 5/29/15

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

COMMITTEE TO ELECT NANCY HELLER

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/15/15

Name of Individual Being Reimbursed: Nancy Heller

Committee Name: Committee to Elect Nancy Heller

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/1/15	Staples	214 Harvard Ave Allstn MA 02134	Reimbursement of the Prorated portion of cost of palm	64.—
			cards produced at Staples on 5/1/15	

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	64—
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	64—

Signed under the penalties of perjury:

Nancy J. Heller Carol Dearnow

Signature of Candidate / Treasurer

Date: 5/29/15

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

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2015 JUN -3 P 12:57

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning 4 (Month) 21 (Date) 2015 (Year) Ending 5 (Month) 31 (Date) 2015 (Year)

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

BERNARD GREENE
Full Name of Candidate (if applicable)

SELECTMAN
Office Sought and District

77 PARK ST
Residential Address

BROOKLINE MA 02446
Tel. No. (optional)

COMMITTEE TO ELECT BERNARD GREENE
Committee Name

NEIL GORDON
Name of Committee Treasurer

87 IVY ST
Committee Mailing Address

BROOKLINE, MA 02446
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$3332.72
Line 2: Total receipts this period (page 2, line 11)	$ 766.00
Line 3: Subtotal (line 1 plus line 2)	$4098.72
Line 4: Total expenditures this period (page 3, line 14)	$3241.86
Line 5: Ending balance (line 3 minus line 4)	$ 856.86
Line 6: Total in-kind contributions this period (page 4)	$ 198.98
Line 7: Total (all) outstanding liabilities (page 4)	$300.00
Line 8: Name of bank(s) used CENTURY 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 (in ink) — Date 6/1/15

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 6-2-15

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)	Amount		Occupation & Employer (for contributions of $200 or more)
4/27/15	BEVERLY BASILE 902 W ROXBURY CHESTNUT HILL	100	00	REAL ESTATE. SELF
4/27/15	JOHN BASILE 1040 W ROXBURY CHESTNUT HILL	100	00	REAL ESTATE. SELF
4/27/15	ROBERT BASILE 40 WILLARD ST BROOKLINE	150	00	REAL ESTATE. SELF
4/27/15	HARRY BOHRS 97 TOXTETH ST BROOKLINE	100		PHYSICIST - BOSTON MEDICAL CENTER

Line 9: Total receipts in excess of $50 (or listed above)	450	00	
Line 10: Total receipts $50 and under* (not listed above)	316	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD	766	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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/1/15	GREWER PRINT SHOP	WASHINGTON ST JP	PRINTING / POSTAGE MAILER	2478	07
5/7/15	PHYLLIS GILLER	PARK ST BROOKLINE	REIMBURSE POSTAGE	61	04
5/18/15	NANCY HEWER	ABBOTSFORD RD BROOKLINE	REIMBURSE ELECTION DAY CARD	64	00
4/29/15	USPS	BEACON ST BROOKLINE	POSTAGE	637	00
		Line 12: Expenditures over $50		3240	11
		Line 13: Expenditures $50 and under*		1	75
		Line 14: TOTAL EXPENDITURES		3241	86

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
5/8/15	EDIE BRICKMAN	33 POND AVE #407 BROOKLINE MA	BROOKLINE NEWS ADVERTISEMENT	100.00
		Line 15: In-kind over $50		100.00
		Line 16: In-kind $50 and under		196.98
Enter on page 1, line 6		**Line 17: Total In-kind**		296.98

* 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
2/19/15	BERNARD GREENE	77 PARK ST BROOKLINE	LOAN	300.00
Enter on page 1, line 7		**Line 18: OUTSTANDING LIABILITIES (ALL)**		300.00

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.

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/7/15

Name of Individual Being Reimbursed: Phyllis Gillen

Committee Name: Committee to Elect Bernard Greene

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/7/15	USPS	Brookline	Dear Friend Card Postage	61.04

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	61.04
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	61.04

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/1/15

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

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/18/15

Name of Individual Being Reimbursed: NANCY HEUER

Committee Name: Committee to Elect Bernard Greene

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/1/15	STAPLES	214 HARVARD ST ALLSTON	PRINTING ELECTION DAY CARD	64.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	64.00
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	64.00

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5/31/15

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

Commonwealth of Massachusetts

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

RECEIVED: TOWN OF BROOKLINE TOWN CLERK 2015 JUN 4 A 9:17

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/29/15 Ending Date: 6/4/15

Type of Report: (Check one)

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

Pamela Lodish
Candidate Full Name (if applicable)

Selectman Brookline
Office Sought and District

195 Fisher Ave Brookline
Residential Address

Telephone Number (optional): 617-566-5533

Committee for Pamela Lodish Selectman
Committee Name

Jonathan Fine
Name of Committee Treasurer

195 Fisher Ave Brookline
Committee Mailing Address

Telephone Number (optional): 617-566-5533

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	385.05
Line 2: Total receipts this period (page 3, line 11)	610.00
Line 3: Subtotal (line 1 plus line 2)	995.05
Line 4: Total expenditures this period (page 5, line 14)	890.42
Line 5: Ending Balance (line 3 minus line 4)	104.63
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:	Brookline 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: Jonathan S. Fine (Treasurer's signature) Date: 6/4/15

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: Pamela Lodish (Candidate's signature) Date: 6/4/15

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)
4/29/15	Mini Kolluri 67 Buckminster Rd	100	at home
5/26/15	85 Sears Rd John Hall	500	developer
4/29/15	84 Summit Ave Karen Wenc	10	yoga instructor

Line 9: Total Receipts over $50 (or listed above)	610
Line 10: Total Receipts $50 and under* (not listed above)	0
Line 11: TOTAL RECEIPTS IN THE PERIOD	610 ← 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
Since 4/29/15	Airgas	Cambridge	helium	124.22
	Wegmans	Chestnut Hill	wine + beer	161.64
	Party City	Brighton	ribbon	6.35
	Star market	Chestnut Hill	soda	10 —
	Mini Kolleri	67 Buckminster	food for party	340 48
	Brookline Bank	Brookline	Bank Charges	64 64
	Stickers	E Bcommerce Partners, FLA	Seal mailing	7.95
✓	Karen Oates	96 Dean Rd	stamps interest chg	175 34 —

Line 12: Total Expenditures over $50 (or listed above)	890 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**	890 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
		Line 15: In-Kind Contributions over $50 (or listed above)		0
		Line 16: In-Kind Contributions $50 & under (not listed above)		
		Line 17: TOTAL IN-KIND CONTRIBUTIONS		0

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
				0

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED TOWN OF BROOKLINE TOWN CLERK

2015 JUN -5 A 9:2

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/18/15 Ending Date: 5/25/15

Type of Report: (Check one)

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

M K Merelice	Merelice for Massachusetts
Candidate Full Name (if applicable)	Committee Name
Selectman	Frank Farlow
Office Sought and District	Name of Committee Treasurer
22 White Place, Brookline MA 02445	8 Bowker St, Brookline MA 02445
Residential Address	Committee Mailing Address
Telephone Number (optional): 617-277-1757	Telephone Number (optional): 617-232-9654

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	4,663.17
Line 2: Total receipts this period (page 3, line 11)	2,940.00
Line 3: Subtotal (line 1 plus line 2)	7,603.17
Line 4: Total expenditures this period (page 5, line 14)	6,617.81
Line 5: Ending Balance (line 3 minus line 4)	985.36
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	790.97
Line 8: Name of bank(s) used:	Santander

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: Frank Farlow (Treasurer's signature) Date: 6/4/15

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: M K Merelice (Candidate's signature) Date: 6/4/15

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
4/28/15	Connolly Printing	178 Gill St, Woburn MA 01801	design, print & mail literature	4,100.00
5 /19/15	Connolly Printing	178 Gill St, Woburn MA 01801	design, print & mail literature	1,719.09
5/19/15	Connolly Printing	178 Gill St, Woburn MA 01801	yard signs	405.34
5/19/15	Facebook	1 Hacker Way, Menlo Park CA 94025	online advertising	60.00
5 /19/15	FedEx / Kinko	1370 Beacon St, Brookline MA 02445	print campaign literature	103.04
5 /19/15	Home Depot	5 Allstate Rd, Boston MA 02125	dowels for signs	131.49
		Line 12: Total Expenditures over $50 (or listed above)		6,518.96
		Line 13: Total Expenditures $50 and under* (not listed above)		98.85
		Line 14: TOTAL EXPENDITURES IN THE PERIOD		6,617.81

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 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
06/02/15	Facebook	1 Hacker Way, Menlor Pk CA 94025	online advertising	288.30
~~06/03/15~~	~~M K Merelice~~	22 White Place, Brookline MA 02445	reimbursement for 100 signs paid to Grenier Print Shop, ~~3702 Washington St, Jamaica Plain MA 02130~~	95.63
05/22/15	Grenier Print Shop	3702 Washington Street, ~~Jamaica Plain MA 02130~~	print TAB endorsement ~~stickers~~	116.85
04/27/15	Grenier Print Shop	3702 Washington Street, Jamaica Plain MA 02130	campaign literature	292.19
~~05/26/15~~	~~M K Merelice~~	22 White Place, Brookline MA 02445	loan	500.00

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 790.97

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED TOWN OF BROOKLINE TOWN CLERK

2015 JUN 9 PM 3:

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/26/2015 Ending Date: 6/8/2015

Type of Report: (Check one)

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

Elizabeth Jackson Stram
Candidate Full Name (if applicable)

School Committee, Brookline, MA
Office Sought and District

54 Powell St, Brookline, MA 02446
Residential Address

Telephone Number (optional): 617-875-1048

Stram for Brookline School Committee
Committee Name

Richard Stram
Name of Committee Treasurer

54 Powell St, Brookline MA 02446
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$ 963.61
Line 2: Total receipts this period (page 3, line 11)	$ 1,535.10
Line 3: Subtotal (line 1 plus line 2)	$ 2,498.71
Line 4: Total expenditures this period (page 5, line 14)	$ 2,123.76
Line 5: Ending Balance (line 3 minus line 4)	$ 374.95
Line 6: Total in-kind contributions this period (page 6)	$ 0.00
Line 7: Total (all) outstanding liabilities (page 7)	$ 2,185.10
Line 8: Name of bank(s) used:	Citizens 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: 6/8/2015

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)
4/23/2015	Joseph M. Ditkoff 145 Mason Terrace Brookline, MA 02446	$250.00	General Counsel, MA Admin. Office of the District Court
4/25/2015	Alan R Morse + Cecily Morse 160 Aspinal Ave. Unit 7 Brookline MA 02446	$100.00	Retired
5/15/2015	Elizabeth Stram (loan from candidate) 54 Powell St., Brookline 02446	$1,185.10	Consultant, The Bridgespan Group
Line 9: Total Receipts over $50 (or listed above)		$1535.10	
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		$1535.10	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
	n/a		

Line 9: Total Receipts over $50 (or listed above)	n/a
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	n/a ← 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
5/18/2015	Grenier Print Shop ~~3702 Washington~~	3702 Washington St Jamaica Plain, MA 02130-3701	Printing campaign flyers	$239.06
6/2/2015	Nancy Heller	40 Abbotsford Rd. Brookline, MA 02446	Reimbursement for election day "Yes" ballot "palm card. vendor =	
			Staples, 214 Harvard Ave., Allston, MA	$64.00
4/30/15	Lisa Jackson	47 Winthrop Rd. #1 Brookline, MA 02446	Reimbursement for stamps and campaign mailing	$1,770.72
			printed by vendor: Staples, 214 Haward Ave, Allston, MA	
		Line 12: Total Expenditures over $50 (or listed above)		$2123.78
		Line 13: Total Expenditures $50 and under* (not listed above)		—
Enter on page 1, line 4 →		**Line 14: TOTAL EXPENDITURES IN THE PERIOD**		$2123.78

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	n/a			

Line 12: Expenditures over $50 (or listed above)	n/a
Line 13: Expenditures $50 and under* (not listed above)	—
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$2123.76

* 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
	n/a			

Line 15: In-Kind Contributions over $50 (or listed above)	$ 0
Line 16: In-Kind Contributions $50 & under (not listed above)	—
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	$ 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
5/15/2015	Candidate (Elizabeth Stram)	54 Powell St. Brookline, MA 02446	Campaign expenses paid via credit card	$1,185.10

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** $1,185.10

Stram
Schedule B

GRENIER PRINT SHOP
3702 Washington Street
Jamaica Plain, MA 02130-3701
Phone: (617) 522-2225

Bill To

committee to elect stram, beth

INVOICE

Grenier Job #	Invoice Date	Invoice Number	Cust No.	P.O. Number	Terms
	4/28/2015	52302			Pay at Pickup

Quan	Description	Amount
1,000	FLYERS 5.5X8.5 4\4	225.00T

We appreciate your business.
Please call us if you have any questions on this invoice.

Subtotal	$225.00
Sales Tax (6.25%)	$14.06
Payments/Credits	$0.00
BALANCE DUE	**$239.06**

Stram
Schedule B
Reimbursement
to Lisa Jackson
for $1770.72

STAPLES

214 Harvard Avenue
ALLSTON, MA 02134
(617) 566-8605

SALE 1241628 9 005 09212
0958 04/30/15 10:28

QTY SKU PRICE

REWARDS NUMBER 5044323011
******* Customer Order 6827750493 *******
1 500 POSTCARDS IN-STORE/BACK
411692 84.99
Your Rewards Price $76.491 -8.50
1 500 POSTCARDS IN-STORE/BACK
411692 84.99
Your Rewards Price $76.491 -8.50
1 500 POSTCARDS IN-STORE/BACK
411692 84.99
Your Rewards Price $76.491 -8.50
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1 500 POSTCARDS IN-STORE/BACK
411692 84.99
Your Rewards Price $76.491 -8.50
1 500 POSTCARDS IN-STORE/BACK
411692 84.99
Your Rewards Price $76.491 -8.50
Questions on Customer Order 6827750493
Call Customer Service at 1-800-3STAPLES
****
******* Customer Order 2049862958 *******
101 101-500 ADDRESS LABELS
618494 1.290ea 130.29
Your Rewards Price $1.161 -13.03
Questions on Customer Order 2049862958
Call Customer Service at 1-800-3STAPLES
****
30 INVITE ENV 100CT
718103031349 13.290ea 398.70
150 FOREVER STAMP-ALL
306472 4.900ea 735.00N
2 PILOT B2P BP RT ME
072838328120 4.000ea + 8.00
1 STAPLES MULTIPURPO
1147484 + 21.99
SUBTOTAL 1739.89
Standard Tax 6.2500% 62.81
TOTAL $1802.70

American Express 1802.70
Card No.: XXXXXXXXXXX1005 [S]
Auth No.: 568107

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED TOWN OF BROOKLINE TOWN CLERK

2015 MAY 18 A 10:27

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/15 Ending Date: 5/18/15

Type of Report: (Check one)

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

PEI-HAY BEA CHANG.	NONE
Candidate Full Name (if applicable)	Committee Name
BROOKLINE SCHOOL COMMITTEE	NONE
Office Sought and District	Name of Committee Treasurer
342 TAPPAN ST.	NONE
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	Ø
Line 2: Total receipts this period (page 3, line 11)	$2,070.23
Line 3: Subtotal (line 1 plus line 2)	$2,070.23
Line 4: Total expenditures this period (page 5, line 14)	$2,070.23
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	BANK of AMERICA

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: 5/18/15

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)
5/12/15	(SELF) PENHAM B CHAG 342 TAPPAN ST.	$2,070.23	BANKER

Line 9: Total Receipts over $50 (or listed above)	$2,070.23
Line 10: Total Receipts $50 and under* (not listed above)	ϕ
Line 11: TOTAL RECEIPTS IN THE PERIOD	$2,070.23 ← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/12/15	GREATER PRINT SHOP	3702 WASHINGTON ST. BOSTON, MA 02130	POST CARD MAILING	

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$2,070.23

* 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
		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**		Ø

* 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.

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED BROOKLINE TOWN CLERK 2015 MAY 26 P 3:02

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/27/2015 Ending Date: 5/26/2015

Type of Report: (Check one)

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

Sandra Stotsky
Candidate Full Name (if applicable)

School Committee, Brookline
Office Sought and District

246 Clark Road, Brookline
Residential Address

Telephone Number (optional):

Campaign to Elect Sandra Stotsky
Committee Name

Leonard A Weiss
Name of Committee Treasurer

46 Hawthorn Road, Brookline
Committee Mailing Address

Telephone Number (optional): 617 277 8403

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	302.82
Line 2: Total receipts this period (page 3, line 11)	100.—
Line 3: Subtotal (line 1 plus line 2)	402.82
Line 4: Total expenditures this period (page 5, line 14)	402.82
Line 5: *Ending Balance (line 3 minus line 4)*	—
Line 6: Total in-kind contributions this period (page 6)	—
Line 7: Total (all) outstanding liabilities (page 7)	—
Line 8: Name of bank(s) used:	Bank of America

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: Leonard A Weiss (Treasurer's signature) Date: 5/26/2015

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: Sandra Stotsky (Candidate's signature) Date: 5/26/2015

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)
5/7/2015	Fred Lebow and Kathryn Kalan	100	
	71 Colchester St Brookline		
Line 9: Total Receipts over $50 (or listed above)		100	
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: 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.

(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
5/7/2015	Lee Salwyn	285 Reservoir Rd Brookline	Reimbursement	22.93
5/7/2015	Roger Blood	69 Cleveland Rd Brookline	Reimbursement	127.75
5/15/2015	Bank of America	Brookline	Fees	44.74
5/24/2015	Sandra Stotsky	246 Clark Rd Brookline	Reimbursement	209.40
		Line 12: Total Expenditures over $50 (not listed above)		402.82
		Line 13: Total Expenditures under* (not listed above)		
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		402.82

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures [illegible] above)		
		Line 13: Expenditures [illegible] (not listed above)		
Enter on page 1, line 4 →		Line 14: TOTAL [illegible] FOR [illegible] IN THE PERIOD		

* If you have itemized expenditures of $50 and under, include them [illegible] only those expenditures not itemized above.

SCHEDULE C: "IN-K[illegible] TIONS

Please itemize contributors who have made in-kind contributi[illegible] [illegible]d contributions $50 and under may be added together from the committee's records and included in [illegible]

Date Received	From Whom Received*	Reside[illegible]	[illegible]ption of Contribution	Value

[illegible]ine 15: [illegible] [illegible] [l]isted above)	
Line 16: [illegible] [illegible] [illegible] (not listed above)	
Enter on page 1, line 6 Line 17: [illegible] [illegible]ONS	

* If an in-kind contribution is received from a perso[illegible] [illegible] contrib[illegible] [illegible] must report the name and address of the contributor; in addition, if the contribution is $[illegible] or more, [illegible] [illegible]upation and employer.

SCI... DUL... ...3

M.G.L. c. 55 requires committees to report ALL ... lities ... ...nd are still outstanding, as well as those liabilities incurred during this reporting ...iod.

Date Incurred	To Whom Due	...pose	Amount

Enter on page 1, line 7 ... ...IES (ALL)

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/7/2015

Name of Individual Being Reimbursed: Lee Selwyn

Committee Name: Campaign to Elect Sandra Stotsky

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/2	Staples	1 Washington Mall Boston	Stationery	22.93

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	22.93
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	22.93

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5/26/2015

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

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		Page 2 Total (add to Line 1 on Page 1):		

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: May 7, 2015

Name of Individual Being Reimbursed: Roger Blood

Committee Name: Campaign to Elect Sandra Stotsky

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/30/2015	USPS	Chestnut Hill	Postage	98
5/3/2015	Fed Ex	1244 Boylston St Chestnut Hill	Copying	29.75

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	127.75
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	127.75

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5/26/2015

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

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		Page 2 Total (add to Line 1 on Page 1):		

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/26/2015

Name of Individual Being Reimbursed: Sandra Stotsky

Committee Name: Campaign to Elect Sandra Stotsky

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/28/2015	USPS	Chestnut Hill	postage	19.00
5/1/2015	"	"	"	8.52
"	"	"	" of $73.50	2.88

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	207.40
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	207.40

Signed under the penalties of perjury:

Bernard F. Weiss

Signature of Candidate / Treasurer

Date: 5/26/2015

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

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		Page 2 Total (add to Line 1 on Page 1):		

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2015 JUL -1 P 1:12

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/27/2015 Ending Date: 6/28/2015

Type of Report: (Check one)

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

Sandra Statsky	Campaign to Elect Sandra Statsky
Candidate Full Name (if applicable)	Committee Name
School Committee Brookline	Leonard A Weiss
Office Sought and District	Name of Committee Treasurer
246 Clark Road, Brookline	46 Hawthorn Road, Brookline
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): 617 277 8403

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	- 0 -
Line 2: Total receipts this period (page 3, line 11)	- 0 -
Line 3: Subtotal (line 1 plus line 2)	- 0 -
Line 4: Total expenditures this period (page 5, line 14)	- 0 -
Line 5: Ending Balance (line 3 minus line 4)	- 0 -
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:	Bank of America

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: Leonard A Weiss (Treasurer's signature) Date: 6/28/2015

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: Sandra S Statsky (Candidate's signature) Date: June 29, 2015

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over $50 (or listed above)		
		Line 13: Expenditures $50 and under* (not listed above)		
		Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**		

* 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 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: TOTAL OUTSTANDING LIABILITIES (ALL)**

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 18, 2015 Ending Date: May 26, 2015

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)	Campaign For A Better Override (Committee Name)
Office Sought and District	Clifford M. Brown (Name of Committee Treasurer)
Residential Address	9 Hyslop Rd. Brookline, MA 02445 (Committee Mailing Address)
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	15,242.14
Line 2: Total receipts this period (page 3, line 11)	6,350
Line 3: Subtotal (line 1 plus line 2)	21,592.14
Line 4: Total expenditures this period (page 5, line 14)	17,616.25
Line 5: Ending Balance (line 3 minus line 4)	3,975.89
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	4,189.9
Line 8: Name of bank(s) used:	Santander

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: 5/29/15

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)
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
	SEE ATTACHED		
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		6,350	← 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.

4/26/2015	Adams	Christine	129 Centre Street	Brookline	2446	$	200.00	unemployed	
4/19/2015	Ames	Charles and Kathleen	27 Walnut Place	Brookline	2445	$	100.00		
4/19/2015	Ashby	John and Rosemary	41 Crafts Rd.	Chestnut Hill	2467	$	200.00		Retired
4/23/2015	Basile	Robert	40 Williams Street	Brookline	2446	$	100.00	self-employed	real estate
4/19/2015	Buckley	Oliver	235 Mason Terrace	Brookline	2446	$	100.00		
4/23/2015	CGI Management		651 Washington St	Brookline	2446	$	100.00		
5/4/2015	Cox	Julia	225 Sargeant Rd	Brookline	2445	$	100.00		
4/19/2015	Dicarlo	James and Julie	78 Salisbury Rd	Brookline	2445	$	100.00		
4/29/2015	FSL Associates		358 Chestnut Hill Ave.	Brighton	2135	$	2,500.00		
4/19/2015	Higgins	Tom	90 Carlton Street	Brookline	2446	$	200.00	NeuroMetrix	CFO
4/29/2015	Levitan	Fred	1731 Beacon St #1202	Brookline	2445	$	2,500.00	self-employed	Real Estate
4/19/2015	Saltonstall	G. West and Victoria	245 Chestnut Hill Rd	Chestnut Hill	2467	$	150.00		

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
Apr 22, 2015	Blood, Roger	69 Cleveland Road Brookline, MA 02445	Reimbursement for printing and stapler	1,759.21
5/14/2015	Blood, Roger	69 Cleveland Road Brookline, MA 02445	Reimbursement for letter printing	3,718.24
4/23/2015	Brook House	33 Pond Avenue, Suite 100 Brookline, MA 02445-7128	Advertisement	200
4/21/2015	Kearns, Andrew	820 Parker Street #1 Roxbury Crossing, MA 02120	Consulting	135
4/22/2015	Microprint	335 Bear Hill Rd Waltham, MA 02451	Postage	3,315.55
4/26/2015	Microprint	335 Bear Hill Rd Waltham, MA 02451	Postage	3,135.55
5/5/2015	Microprint	335 Bear Hill Rd Waltham, MA 02451	Printing and Mailing Services	4,419.89
various	PayPal	2211 N. First St. San Jose, CA 95131	Transaction Fees	73.2
4/29/15	Political Marketing International	P.O. Box 698 Marianna, FL 32447	List Purchase Automated call service	400
May 4, 2015	Political Marketing International	P.O. Box 698 Marianna, FL 32447	Automated Call Service	400
		Line 12: Total Expenditures over $50 (or listed above)		17,556.64
		Line 13: Total Expenditures $50 and under* (not listed above)		59.61
	Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**		17,616.25

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* 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
		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
Various	Richard Benka	26 Circuit Road Brookline, MA 02445	Reimbursement for printing, envelopes, mailing labels and copying (various dates)	709.16
Mar 26, 2015	Roger Blood	69 Cleveland Road Brookline, MA 02445	Labels Reimbursement	163.89
4/17/2015	Clifford Brown	9 Hyslop Road Brookline, MA 02445	Reimbursement for advertising purchase in Brookline Tab	1,846.85
4/27/2015	Clifford Brown	9 Hyslop Road Brookline, MA	Reimbursement for Stamps	1,470
Enter on page 1, line 7 →		**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**		4,189.9

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2015 JUN 16 P 1:29

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 27, 2015 Ending Date: June 9, 2015

Type of Report: (Check one)

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

	Campaign For A Better Override
Candidate Full Name (if applicable)	Committee Name
	Clifford M. Brown
Office Sought and District	Name of Committee Treasurer
	9 Hyslop Rd. Brookline, MA 02445
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	3,975.89
Line 2: Total receipts this period (page 3, line 11)	215.09
Line 3: Subtotal (line 1 plus line 2)	4,190.98
Line 4: Total expenditures this period (page 5, line 14)	4,190.98
Line 5: Ending Balance (line 3 minus line 4)	0
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:	Santander

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: 6/15/15

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)
May 30, 2015	Campaign For Richard Benka 26 Circuit Road Brookline, MA 02445	214.01	

Line 9: Total Receipts over $50 (or listed above)	214.01	
Line 10: Total Receipts $50 and under* (not listed above)	1.08	
Line 11: TOTAL RECEIPTS IN THE PERIOD	215.09	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: 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.

(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
May 28, 2015	Richard Benka	26 Circuit Road Brookline, MA 02445	Reimbursement for printing, envelopes, mailing labels and copying (various dates)	709.16
May 28, 2015	Roger Blood	69 Cleveland Road Brookline, MA 02445	Labels Reimbursement	163.89
Jun 9, 2015	Clifford Brown	9 Hyslop Road Brookline, MA 02445	Reimbursement for advertising purchase in Brookline Tab	1,846.85
Jun 9, 2015	Clifford Brown	9 Hyslop Road Brookline, MA 02445	Reimbursement for Stamps	1,470

Line 12: Total Expenditures over $50 (or listed above)	4,189.9
Line 13: Total Expenditures $50 and under* (not listed above)	1.08
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	4,190.98

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* 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
		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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Commonwealth of Massachusetts

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

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2015 JUN -3 P 12:57

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 4 Date 21 Year 2015 Ending Month 5 Date 31 Year 2015

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

Full Name of Candidate (if applicable):

Office Sought and District:

Residential Address:

Tel. No. (optional):

Committee Name: VOTE YES FOR BROOKLINE

Name of Committee Treasurer: NEIL GORDON

Committee Mailing Address: 87 IVY STREET, BROOKLINE, MA 02446

Tel. No. (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$10,174.69
Line 2: Total receipts this period (page 2, line 11)	$979.86
Line 3: Subtotal (line 1 plus line 2)	$11,148.55
Line 4: Total expenditures this period (page 3, line 14)	$10,227.08
Line 5: Ending balance (line 3 minus line 4)	$921.47
Line 6: Total in-kind contributions this period (page 4)	$280.00
Line 7: Total (all) outstanding liabilities (page 4)	$538.83
Line 8: Name of bank(s) used	CENTURY 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 (in ink): [signature] Date: 6/2/15

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of $200 or more)
4/26/15	ANDREA BLEICHMAR 3 CLINTON ROAD BROOKLINE	100	00	
4/26/15	HELEN CHARLUPSKI 523 BOYLSTON ST BROOKLINE	100	00	
4/26/15	JOHN DEMPSEY 43 BELLINGTON RD BROOKLINE	100	00	
5/2/15	ARCHONG FUNG 43 BEALS ST BROOKLINE	100	00	
4/30/15	DIANE POST 76 HIGH ST BROOKLINE	100	00	
4/21/15	SUSAN ROTHSTEIN 11 MILTON RD BROOKLINE	100	00	
4/21/15	RACHEL SATER 25 THATCHER ST #3 BROOKLINE	100	00	

Line 9: Total receipts in excess of $50 (or listed above)	700	00	
Line 10: Total receipts $50 and under* (not listed above)	273	86	
Line 11: TOTAL RECEIPTS IN THE PERIOD	973	86	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 listing)	Address	Purpose of Expenditure	Amount	
5/1/15	Catherine Anderson	106 Davis Ave Brookline	Reimburse Postage	340	00
5/7/15	Catherine Anderson	106 Davis Ave Brookline	Reimburse Postage	68	00
5/18/15	John Bassett	26 Searle Ave Brookline	Lumber / Sign stakes	234	00
5/1/15	Greener Print Shop	Washington St Boston	Townwide Mailing	6669	60
5/1/15	Greener Print Shop	Washington St Boston	Stickers and Hand outs	1349	38
5/1/15	Greener Print Shop	Washington St Boston	Lawn Signs	616	25
5/19/15	Heather Hamilton	Longwood Ave Brookline	Reimburse expenses	81	62
5/18/15	Kelly Handeberg	18 Cottell Rd Brookline	Reimburse expenses	131	56
5/19/15	Mariah Norberg	33 Bowker St Brookline	Facebook Ads	320	11
5/1/15	Rebecca Stone	71 Tarbell St Brookline	Postage	245	00
			Line 12: Expenditures over $50	10055	52
			Line 13: Expenditures $50 and under*	171	56
Enter on page 1, line 4			**Line 14: TOTAL EXPENDITURES**	10227	08

*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
5/4/15	Lence Cincotti Strategies	Boston, MA	Election Robo Calls	250.00

	Line 15: In-kind over $50	250.00
	Line 16: In-kind $50 and under	20.00
Enter on page 1, line 6	**Line 17: Total In-kind**	270.00

* 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
Various	Rebecca Stone	71 Tarbell St Brookline MA	Campaign expenses Reimbursable	504.00
Various	Susan Ditcobb	Brookline MA	Campaign expenses Reimbursable	34.83

Enter on page 1, line 7	**Line 18: OUTSTANDING LIABILITIES (ALL)**	538.83

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.

printed on recycled paper

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/7/15

Name of Individual Being Reimbursed: CATHERINE ANDERSON

Committee Name: Vote Yes For Brookline

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
through 5/7/15	USPS		DEAR FRIEND CARD POSTAGE	68.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	68.00
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	68.00

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/1/15

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

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/1/15

Name of Individual Being Reimbursed: CATHERINE ANDERSON

Committee Name: Vote Yes For Brookline

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
VARIOUS	USPS		DEAR FRIEND CARDS POSTAGE	340.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	340.00
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	340.00

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/1/15

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

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/19/15

Name of Individual Being Reimbursed: HEATHER HAMILTON

Committee Name: Vote Yes for Brookline

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	81.62
Line 3: TOTAL AMOUNT REIMBURSED:	81.62

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/1/15

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

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/18/15

Name of Individual Being Reimbursed: Kelly Hardebeck

Committee Name: Vote Yes For Brookline

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/27/15	Weebly Inc	460 Bryant St San Francisco, CA	Campaign Website	59.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	59.00
Line 2: Expenditures $50 or under (not itemized):	72.56
Line 3: TOTAL AMOUNT REIMBURSED:	131.56

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/1/15

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

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/19/15

Name of Individual Being Reimbursed: MARIAH NORBREGA

Committee Name: Vote Yes For Brookline

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/26/15	FACEBOOK INC.	1601 Willow Rd Menlo Park, CA	FACEBOOK ADS	50.19
4/30/15	"	"	"	90.56
5/18/15	"	"	"	154.34

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	295.09
Line 2: Expenditures $50 or under (not itemized):	25.02
Line 3: TOTAL AMOUNT REIMBURSED:	320.11

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/1/15

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

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/1/15

Name of Individual Being Reimbursed: REBECCA STONE

Committee Name: Vote Yes For Brookline

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
VARIOUS	USPS	BROOKLINE	KICKOFF LETTER POSTAGE	245.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	245.00
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	245.00

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/1/15

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

Commonwealth of Massachusetts

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

RECEIVED TOWN OF BROOKLINE TOWN CLERK

FINAL

2015 SEP 16 P 1:10

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month MAY Date 31, Year 2015 Ending Month Sept Date 8 Year 2015

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

Full Name of Candidate (if applicable):

Office Sought and District:

Residential Address:

Tel. No. (optional):

Committee Name: VOTE YES FOR BROOKLINE

Name of Committee Treasurer: NEIL GORDON

Committee Mailing Address: 87 IVY STREET, BROOKLINE, MA 02446

Tel. No. (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 921.47
Line 2: Total receipts this period (page 2, line 11)	$ -0-
Line 3: Subtotal (line 1 plus line 2)	$ 921.47
Line 4: Total expenditures this period (page 3, line 14)	$ 921.47
Line 5: Ending balance (line 3 minus line 4)	$ -0-
Line 6: Total in-kind contributions this period (page 4)	$ 34.83
Line 7: Total (all) outstanding liabilities (page 4)	$ -0-
Line 8: Name of bank(s) used Century 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 (in ink) Date: Sept 8, 2015

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of $200 or more)
	None			
Line 9: Total receipts in excess of $50 (or listed above)				
Line 10: Total receipts $50 and under* (not listed above)				
Line 11: 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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
6/2/15	Rebecca Stone	7, Toxteth St Brookline	Thank you cards	243	99
			Water Bottles	175	00
			Envelopes	46	81
			Costco - election night party	38	20
8/6/15	Brookline Community Foundation	40 Webster Pl Brookline	Contribution	417	47
		Line 12: Expenditures over $50		921	47
		Line 13: Expenditures $50 and under*			
Enter on page 1, line 4		**Line 14: TOTAL EXPENDITURES**		921	47

*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	34.83
Enter on page 1, line 6			**Line 17: Total In-kind**	34.83

* 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: 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.

printed on recycled paper

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK
2015 JUN -8 P 4:51

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/27/2015 Ending Date: 6/3/2015

Type of Report: (Check one)

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

Barbara C. Scotto
Candidate Full Name (if applicable)

School Committee
Office Sought and District

26 Crowninshield Rd. Brookline, MA 02446
Residential Address

Telephone Number (optional):

Committee to Elect Barbara Scotto
Committee Name

Judith Katz
Name of Committee Treasurer

60 Longwood Ave., #1008, Brookline, MA 02446
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	501.22
Line 2: Total receipts this period (page 3, line 11)	3 775.00
Line 3: Subtotal (line 1 plus line 2)	4,276.22
Line 4: Total expenditures this period (page 5, line 14)	3 825.51
Line 5: Ending Balance (line 3 minus line 4)	450.71
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	$3,600.00
Line 8: Name of bank(s) used:	Brookline 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: Judith Katz (Treasurer's signature) Date: 6/3/15

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 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
5/8/15	Grenier Print Shop	3702 Washington St. Jamaica Plain, MA 02130-3701	Election materials- letters, Dear Friends Mailhouse postage, delivery	3,761.51
5/25/15	Nancy Heller	40 Abbotsford Rd. Brookline, MA 02446	Reimbursement for group palm card - May 1, 2015 - from Staples, 214 Harvard Ave, Allston, MA	64.00

Line 12: Total Expenditures over $50 (or listed above)	$3825.51
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$3,825.51

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
4/13/15	James Franco 126 Amory St., Apt. 3 Brookline, MA 02446	25.00	
4/21/15	Paula Ewenstein 15 Claflin Path Brookline, MA 02445	50.00	
4/30/15	Marc Foster 122 Naples Rd. Brookline, MA 02446	100.00	
5/6/15	Barbara Scotto 26 Crowninshield Rd. Brookline, MA 02446	3,600.00 (Loan)	Retired

Line 9: Total Receipts over $50 (or listed above)	$3,775.00
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	$3,775.00 ← 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 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
5/6/15	Barbara Scotto	26 Crowninshield Rd. Brookline, MA 02446	Coverage of campaign expenses	$ 3,600

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** $3,600.00

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

CAROL AXELROD
Candidate Full Name (if applicable)

LIBRARY TRUSTEE
Office Sought and District

323 CLARK RD.
Residential Address

Telephone Number (optional): 617-851-1009

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 3, line 11)	-0-
Line 3: Subtotal (line 1 plus line 2)	-0-
Line 4: Total expenditures this period (page 5, line 14)	-0-
Line 5: Ending Balance (line 3 minus line 4)	-0-
Line 6: Total in-kind contributions this period (page 6)	75.00
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	

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: Carol Axelrod (Candidate's signature) Date: 5/13/15

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)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: 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.

(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

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over $50 (or listed above)		
		Line 13: Expenditures $50 and under* (not listed above)		
Enter on page 1, line 4 →		**Line 14: TOTAL EXPENDITURES IN THE PERIOD**		

* 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
4/9/15	Stanley N. Rabinovitz	117 Thorndike St 02446	Signature Collection	$75.00

Line 15: In-Kind Contributions over $50 (or listed above)	$75.
Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	$75.00

* 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: TOTAL OUTSTANDING LIABILITIES (ALL)**

Form CPF M 102: Campaign Finance Report
Municipal Form

Commonwealth of Massachusetts

Office of Campaign and Political Finance

RECEIVED TOWN OF BROOKLINE TOWN CLERK 2015 JUN 25 P 8:02

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/20/15 Ending Date: 5/25/15

Type of Report: (Check one)

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

PATRICK J. MAHS
Candidate Full Name (if applicable)

TOWN CLERK
Office Sought and District

12 EDWIN ST., BROOKLINE, MA
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	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	75.-
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	

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: 6/1/15

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)

Line 9: Total Receipts over $50 (or listed above)	0
Line 10: Total Receipts $50 and under* (not listed above)	0
Line 11: TOTAL RECEIPTS IN THE PERIOD	0 ← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	Ø
Line 10: Total Receipts $50 and under* (not listed above)	Ø
Line 11: TOTAL RECEIPTS IN THE PERIOD	Ø ← 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

Line 12: Total Expenditures over $50 (or listed above)	0
Line 13: Total Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	0

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	0
Line 13: Expenditures $50 and under* (not listed above)	0
Line 14: TOTAL EXPENDITURES IN THE PERIOD	0

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
4/15	STANLEY N. ROBINSON	117 THORNDIKE ST	CATERING SERVICES	75.-

Line 15: In-Kind Contributions over $50 (or listed above)	75.-
Line 16: In-Kind Contributions $50 & under (not listed above)	-0-
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	75.-

* 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: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Commonwealth of Massachusetts

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

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2015. MAY 11 P 1:22

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/27/15 Ending Date: 5/7/15

Type of Report: (Check one)

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

EDWARD N. GROSBY JR	
Candidate Full Name (if applicable)	Committee Name
TOWN MODERATOR	
Office Sought and District	Name of Committee Treasurer
60 GLEN RD., #204, BROOKLINE MA 02445	
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	$75
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	

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: 5/7/15

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
VARIOUS TO 4/9/15	STANLEY ROBINOVITZ	117 THORNDIKE ST BROOKLINE 02446	OBTAINING SIGNATURES ON NOMINATION PAPERS	$75.-
		Line 15: In-Kind Contributions over $50 (or listed above)		75
		Line 16: In-Kind Contributions $50 & under (not listed above)		0
Enter on page 1, line 6 →		**Line 17: TOTAL IN-KIND CONTRIBUTIONS**		75

* 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

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2016 JAN 11 P 1:20

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/21/15 Ending Date: 5/26/15

Type of Report: (Check one)

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

VIVIEN GOLDMAN Candidate Full Name (if applicable)	Committee Name
LIBRARY TRUSTEE Office Sought and District	Name of Committee Treasurer
19 CONANT RD., BROOKLINE Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	0
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:	

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:** 01/11/16

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)
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	← 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

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	0

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over $50 (or listed above)		
		Line 13: Expenditures $50 and under* (not listed above)		
		Line 14: TOTAL EXPENDITURES IN THE PERIOD		0

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
		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**		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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0