Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

BY-LAW - REVISED

RECEIVED TOWN OF BROOKLINE TOWN CLERK

2007 APR 23 P 4:42

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning (Month, Date, Year) January 1, 2007 Ending (Month, Date, Year) April 13, 2007

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

Full Name of Candidate (if applicable): JULIUS Byron Levine

Office Sought and District: Selectman — Brookline

Residential Address: 40 Williams St. Brookline, MA 02446

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)	$ 32,66
Line 3: Subtotal (line 1 plus line 2)	$ 32,66
Line 4: Total expenditures this period (page 3, line 14)	$ 32,66
Line 5: Ending balance (line 3 minus line 4)	$ 32,66
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	Citizens

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:

Julius B Levine — April 23 revising April 16, 2007 — CPF M 102

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)
Line 9: Total receipts in excess of $50 (or listed above)		0		
Line 10: Total receipts $50 and under* (not listed above)		32	66	
Line 11: TOTAL RECEIPTS IN THE PERIOD		32	66	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	
		Line 12: Expenditures over $50			
		Line 13: Expenditures $50 and under*		32.	66
Enter on page 1, line 4		Line 14: TOTAL EXPENDITURES		32	66

*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	0
		Line 16:	In-kind $50 and under	0
Enter on page 1, line 6		**Line 17:**	**Total In-kind**	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
				0
Enter on page 1, line 7		**Line 18: OUTSTANDING LIABILITIES (ALL)**		0

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

Commonwealth of Massachusetts

Form CPF 102ND : Campaign Finance Report
Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month: January Date: 1 Year: 2007 Ending Month: April Date: 23 Year: 2007

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

Jesse Mermell
Full Name of Candidate
Brookline Selectman
Office Sought/District
149 Winthrop Rd. #8
Residential Address
Brookline MA 02445
Tel. No. (optional)

Cte to Elect Jesse Mermell
Committee Name
Joanne Sullivan
Name of Committee Treasurer
149 Winthrop Rd #8
Committee Mailing Address
Brookline MA 02445
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 1240.21
Line 2: Total receipts this period (page 2, line 11)	$ 13,771.00
Line 3: Subtotal (line 1 plus line 2)	$ 15011.21
Line 4: Total expenditures this period (page 3, line 14)	$ 8422.24
Line 5: Ending balance (line 3 minus line 4)	$ 6588.97
Line 6: Total in-kind contributions this period (page 4)	$ 0
Line 7: Total (all) outstanding liabilities (page 4)	$ 2000.00
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:

Joanne M. Sullivan
Treasurer's signature (in ink) **Date**

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, and 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 ,and 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:

Jesse R. Mermell 23 April, 2007
Candidate's 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, CPF ID# 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)
1/9/2007	Michael Buskin PO Box 1713 Brookline, MA 02446	25	00	
3/27/2007	Donna Hamill 450 Tremont Rd. Haverstraw, PA 18151	100	00	
4/1/07	Rachel Cloudman 40 Sherman St #2 Brookline, MA 02446	50	00	
4/4/07	Mary [illegible] 6 Bu[illegible] [illegible] Wilco 30	250	00	President, Mary [illegible] Assoc.
4/4/07	Jan Rose 47 Allen Place #3 Brookline MA 02446	50	00	
4/5/07	Willie Mae Allen 85 Dearing Rd Methuen, MA 01844	50	00	
4/5/07	James Rondeau 14 Washington Cambridge, MA 02138	100	00	
4/10/07	Jane Hom Margolis 49 Harvard Ave Brookline, MA 02446	100	00	
4/10/07	Gloria Carson 30 Main St. Yarmouth Port, MA 02675	150	00	
4/5/07	Donna Keirkopf 44 Cordwell Rd Chestnut Hill, MA 02467	100	00	
4/7/07	Barbara Sachs 20 Cedar Hill Rd Brookline, MA 02446	25	00	
4/8/07	Amb. Susan Shaw Hallock 165 Brattle St Cambridge, MA 02138	500	00	President, Hunt Alternatives Fund
4/8/07	Sandra Parker 7 Cooke St. Provincetown, MA 02657	50	00	
4/8/07	William Foster 2010 Beacon St, #2203 Brighton MA 02135	500	00	
4/9/07	A. Joseph Ross 695 Washington St, Brookline, MA 02446	50	00	
Line 9: Total receipts in excess of $50 (or listed above)		1630	00	
Line 10: Total receipts $50 and under* (not listed above)		430	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		[illegible]	[illegible]	Enter on page 1, line 2 13,771.00

* 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

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, CPF ID# 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)
3/31/07	Craig Bolon 127 Fuller St. Brookline, MA 02446	50	00	
3/31/07	[illegible] [illegible] Brookline MA [illegible]	100	00	
3/22/07	[illegible] 14 [illegible] Brookline MA 02446	100	00	
3/21/07	Margaret [illegible] 95 [illegible] Rd. Brookline MA 02446	25	00	
3/22/07	[illegible] 31 [illegible] St. Brookline MA 02446	100	00	
3/13/07	[illegible] 40 [illegible] St Brookline MA 02446	250	00	Real Estate Se[illegible]
3/15/07	[illegible] [illegible] St. Cambridge MA 02135	500	00	Self employed philanthropic activities
3/15/07	Elizabeth Kennedy [illegible] 42 [illegible] Brookline MA 02445	100	00	
3/14/07	[illegible] [illegible] St Brookline MA 02446	25	00	
3/4/07	[illegible] [illegible] St. Brookline MA 02446	100	00	
3/3/07	Eleanor [illegible] 227 Fuller St Brookline, MA 02446	25	00	
3/21/07	Shirley Rolle 41 Centre St. #405 Brookline MA 02446	15	00	
3/17/07	Kathleen Ames 27 [illegible] Place Brookline, MA 02445	100	00	
3/10/07	Mary Wong 120 Stedman St. Brookline MA 02446	50	00	
3/18/07	William Coughlin [illegible] St. Brookline MA 02446	25	00	
Line 9: Total receipts in excess of $50 (or listed above)		1565	00	
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

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, CPF ID# 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)
3/5/07	Edward Greer ~~[illegible]~~ 63 Bickmaster Rd. Brookline, MA 02446	100	00	
3/4/07	Dennis [illegible] 5 [illegible] Brookline MA 02445	25	00	
3/11/07	Deborah Goldberg 37 Hyslop Rd Brookline MA 02445	100	00	
2/23/07	Betsy Tarrin 88 Columbia St. Brookline, MA 02446	36	00	
3/5/07	[illegible] P. H[illegible] 155 [illegible] Brookline MA 02445	50	00	
3/5/07	[illegible] Goodman 19 [illegible] Rd. Chestnut Hill, MA 02[illegible]	50	00	
3/2/07	[illegible] 36 [illegible] St. Brookline, MA 02446	50	00	
3/3/07	Jonathan Gr[illegible] 120 Beacon Field Rd. #14 Brookline MA 02445	25	00	
3/5/07	[illegible] Kelly 35 [illegible] St. Brookline MA 02446	50	00	
3/4/07	Mark Falkone Committee [illegible] Dr. Saugus MA 01906	100	00	
3/5/07	Margaret [illegible] 34 [illegible] Rd [illegible] MA 02735	100	00	
3/6/07	Evelyn Roll 25 Adams St. Brookline MA 02446	20	00	
3/6/07	Stephen [illegible] 89 Ca[illegible] St Brookline MA 02446	50	00	
3/4/07	Margaret Allen 102 Beechwood Dr. Honesdale, PA 18431	50	00	
3/5/07	Judy [illegible] 75 Clinton Rd Brookline MA 02445	100	00	
Line 9: Total receipts in excess of $50 (or listed above)		936	00	
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

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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of $200 or more)
3/6/07	Bruce Cohen 289 Tappan St Brookline MA 02445	50	00	
3/6/07	[illegible] 160 [illegible] St Brookline MA 02445	50	00	
3/5/07	Barbara Dugan [illegible] St #1 Brookline MA 02445	20	00	
3/6/07	Betsy Fisher Rosen [illegible] St #1 Brookline MA 02446	100	00	
3/6/07	C. Harvey Cohen, Architects [illegible] Brookline MA 02446	350	00	
3/6/07	[illegible] 31 Birmingham Rd. Brookline MA 02445	50	00	
3/11/07	Julie [illegible] [illegible] St. Brookline MA 02446	100	00	
3/11/07	Elizabeth Goldstein 66 Perry St. Brookline MA 02446	50	00	
3/11/07	Jane Kahn [illegible] Spring St. Arlington MA 02476	100	00	
3/11/07	Martin Rosenthal [illegible] Brookline MA 02446	100	00	
3/11/07	Amy Buchanan Madge 36 Hereford St. Boston MA 02115	100	00	
3/11/07	Katina Anderson 120 Rockland St Canton, MA 02021	100	00	
3/11/07	Cindy Rose 93 Eliot St. Chestnut Hill MA 02467	35	00	
3/11/07	Catherine Caine[illegible] 21 Monmouth St. Brookline MA 02446	100	00	
3/10/07	Amy Gelmetti [illegible] St. Brookline MA 02446	100	00	
Line 9: Total receipts in excess of $50 (or listed above)		1095	00	
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

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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of $200 or more)
3/11/07	Alice Wolf 48 Haron Ave Cambridge, MA 02135	100	00	
3/5/07	Thomas [illegible] [illegible] St [illegible], MA [illegible]	125	00	
3/11/07	[illegible] 8 [illegible] St Brookline, MA 02146	50	00	
3/11/07	Elizabeth Lewin [illegible] Appleton St Boston MA [illegible]	100	00	
3/7/07	Ayanna Pressley 300 Mattapan St #2 Boston MA 02114	75	00	
3/11/07	Christine Westphal [illegible] Rd Brookline, MA 02445	200	00	[illegible] Professor [illegible] Lawrence College
2/26/07	Lorraine Sheldon 155 Pearl St. Brookline, MA 02446	50	00	
3/11/07	Raymond Wise 155 [illegible] St #2 Brookline MA [illegible]	100	00	
3/11/07	Glenn Cunha 311 Clare Rd Brookline MA 02445	100	00	
3/10/07	Joseph Geller [illegible] St. Brookline MA [illegible]	50	00	
3/11/07	Chad [illegible] [illegible] St. #[illegible] Boston MA [illegible]	100	00	
3/11/07	Nancy Daly [illegible] Rd. Brookline MA 02445	300	00	Self employed attorney
3/11/07	Nancy Farrell 27 Willow Crescent Brookline, MA 02445	75	00	
3/10/07	Gilbert Hoy 25 Reservoir Rd. Chestnut Hill, MA 02467	50	00	
3/5/07	Jonathan Chines [illegible] St. #735 Mud Pond, MA 02115	200	00	Policy [illegible]
Line 9: Total receipts in excess of $50 (or listed above)		1015	00	
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

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, CPF ID# 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)
3/11/07	Susan Houston 1258 Beacon St #8 Brookline MA 02446	25	00	
3/16/07	Anthony [illegible] [illegible] [illegible] MA [illegible]	50	00	
2/27/07	[illegible] [illegible] Brookline MA [illegible]	200	00	
2/21/07	Sally Talagan [illegible] Homestead, [illegible]	100	00	
2/21/07	[illegible] [illegible] Brookline MA [illegible]	50	00	
2/21/07	[illegible] [illegible] Brookline, MA [illegible]	25	00	
2/23/07	[illegible] [illegible] [illegible] MA [illegible]	100	00	
2/24/07	[illegible] [illegible] [illegible]	50	00	
2/26/07	[illegible] [illegible] Brookline, MA [illegible]	100	00	
2/25/07	[illegible] [illegible] Brookline MA [illegible]	100	00	
2/26/07	[illegible] [illegible] Waltham MA [illegible]	200	00	VP O'Neill and Assoc.
3/10/07	[illegible] 1569 Beacon St. #53 Brookline, MA 02446	500	00	Attorney [illegible]
2/23/07	David Lawstein 369 Columbia St. #3 Cambridge MA 02141	500	00	Attorney Weil, Gosthal, & Manges
2/21/07	Betsy Shire Gross 25 Eckyhill Rd Brookline MA [illegible]	100	00	
2/21/07	[illegible] [illegible] Brookline MA [illegible]	100	00	
Line 9: Total receipts in excess of $50 (or listed above)		2200	00	
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

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, CPF ID# 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)
2/25/07	Ann O'Hara 208 Tyron St. Horsedale, PA 15131	100	00	
2/28/07	Charles Baker 174 Clinton Rd. Brookline, MA 02445	250	00	Attorney DLA Piper
2/28/07	Marvin Geller 464 Newton St. Brookline, MA 02467	40	00	
3/4/07	Thomas Curran 40 Grove Street Chestnut Hill, MA 02467	100	00	
3/11/07	Robert Mermell 360 Wanoka Rd. Horsedale, PA 15131	500	00	retired
3/14/07	Harriette Mermell 360 Wanoka Rd. Horsedale, PA 15131	500	00	retired
4/21/07	Angus McQuiken 1 Riverdale Rd. Wellesley Hills, MA 02481	100	00	
4/21/07	Max VanVoors + 3018 W. Medinah Ave. Southport, NC 28461	25	00	
4/21/07	Katherine Brown 64 Beacon Fields Rd. Brookline, MA 02445	50	00	
4/21/07	John Langton 24 Teele Ave. Somerville, MA 02144	75	00	
4/21/07	Boston Carmen's Union Local 589 PAC 245 Devonshire St. 5th Floor Boston, MA 02110	500	00	
4/21/07	Don Fairweather 21 Hancock St. Boston, MA	500	00	Investment Banker Lane, Berry + Co.
4/21/07	Gabriel Le Victor 21 Hancock St. Boston, MA	500	00	Attorney Ropes + Gray
4/21/07	Steve Grossman 30 Hunting Rd. Newton, MA 02458	250	00	Owner Mass Envelope Plus
4/21/07	Cheryl Crown 419 Beacon St. Boston, MA 02115	250	00	Attorney Brown Rudnick
Line 9: Total receipts in excess of $50 (or listed above)		3740	00	
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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
2/2/07	United State Postal Service	State House Boston, MA 02133	Stamps	78	00
2/2/07	Active Edge	67 Technology Way Lisbon, MA 01000	website	60	00
2/25/07	Kinkos	2 Center Plaza Boston, MA 02108	printing	91	13
2/20/07	US Postal Service	State House Boston, MA 02133	Stamps	195	00
2/21/07	Brookline Education Foundation	PO Box 470002 Brookline, MA 02447	Spelling Bee donation	300	00
3/6/07	Staples	401 Park Dr. Boston, MA 02215	phone cords	[illegible]	93
3/11/07	Khan Sun	250 Harvard St. Brookline, MA 02446	Kick off party	1050.	00
3/21/07	Active Edge	67 Technology Way Lisbon, CT 01000	website	20	00
3/25/07	Wicked Ads	349 Dupont St Canton, MA 02021	letterhead + envelopes	1350.	92
3/31/07	Art Barn	PO Box 470 Sing Brookline, MA 02447	event decorations	75	00
4/13/07	Active Edge	67 Technology Way Lisbon, CT 01000	website	20	00
4/13/07	Town of Brookline	333 Washington St Brookline, MA 02445	voter list	10	00
4/13/07	US Postal Service	Brookline Post Office Brookline, MA 02445	stamps	748	00
4/13/07	Chris Dwelley	104 Nevins Circle Rockland, MA 02370	reimbursement - staples + staple gun	86.	24
		Line 12: Expenditures over $50		4650.	00
		Line 13: Expenditures $50 and under*		0	0
Enter on page 1, line 4		**Line 14: TOTAL EXPENDITURES**		8422.	24

*** If you have itemized expenditures $50 and under include them in line 12. Line 13 should include only those expenditures 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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/17/07	Community Newspapers Company	254 2nd Ave Needham, MA 02194	TAB ad	1185	97
4/17/07	Wizard of Ad z	399 Neponset St Canton, MA 02021	Palm Cards + Dear Friend cards	1505.	70
4/19/07	Wizard of Ad z	399 Neponset St. Canton, MA 02021	Postage - post card mailer	1057.	17
4/21/07	Staples	214 Harvard Ave. Allston, MA 02134	thank you notes + Staples	23.	38
		Line 12: Expenditures over $50		3772.	22
		Line 13: Expenditures $50 and under*			
Enter on page 1, line 4		Line 14: TOTAL EXPENDITURES			

* If you have itemized expenditures $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	0
		Line 16:	In-kind $50 and under	0
Enter on page 1, line 6		Line 17:	Total In-kind	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 contributor has given an aggregate amount of $200 or more in a calendar year, 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
4/27/06	Jesse Mermell	149 Winthrop Rd. #5 Brookline, Mass	loan	2000 00
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		2000 00

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