



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
REGISTRARS OF VOTERS

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

09 MAY -1 PM 2:02

### Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	JAN	1	2009		APR	3	2009

### Type of report: (Check one)

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

EDWARD (SAVOT) GADSBY

Full Name of Candidate (if applicable)

TOWN MODERATOR

Office Sought and District

60 GLEN RD. UNIT 204

Residential Address

BROOKLINE 02445

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)	\$	75.00
Line 7: Total (all) outstanding liabilities (page 4)	\$	0
Line 8: Name of bank(s) used		None

### 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:

Candidate signature (in ink)

Date

4/2/09





**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
MAR 2007	STANLEY RABINOWITZ	117 THORNDIKE ST BROOKLINE 02446	Constable services - signatures on candidate petition	\$ 75.00
Line 15: In-kind over \$50				\$ 75.00
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				\$ 75.00

Enter on page 1, line 6

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

**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
Line 18: OUTSTANDING LIABILITIES (ALL)				0

Enter on page 1, line 7



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 Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 1 - 1 - 09 Ending 4 - 17 - 09 APR 27 3:41

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)  
FREDRICK J. WARD  
Office Sought and District  
TOWN CLERK  
12 EDWIN STREET  
Residential Address  
BROOKLINE, MA. 02445  
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	\$	<u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>0</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>0</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>0</u>
Line 6: Total in-kind contributions this period (page 4)	\$	<u>75.-</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>0</u>
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:  
Candidate signature (in ink) \_\_\_\_\_ Date 4-17-09





**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
4-2-09	STANLEY N. ROBINSON, JR	117 THURSDAY ST. BROOKLINE MA	CONSTABLE SKETCHES - SIGNATURES	75.-

Enter on page 1, line 6

Line 15: In-kind over \$50	75.-
Line 16: In-kind \$50 and under	<del>0</del>
Line 17: Total In-kind	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: OUTSTANDING LIABILITIES (ALL)	<del>0</del>
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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

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning Month 01 Date 01 Year 2009 Ending Month 04 Date 15 Year 2009

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

Betsy DeWitt  
Full Name of Candidate (if applicable)  
Selectman  
Office Sought and District  
94 Upland Rd  
Residential Address  
Tel. No. (optional)

Betsy DeWitt for Selectman?  
Committee Name  
George Humphrey  
Name of Committee Treasurer  
46 Gardner Rd  
Committee Mailing Address  
Tel. No. (optional)

RECEIVED  
TOWN OF BROADLINE  
2009 APR  
TOWN CLERK  
D 3-49

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 411.00  
Line 2: Total receipts this period (page 2, line 11) \$ 1334.00  
Line 3: Subtotal (line 1 plus line 2) \$ 1745.00  
Line 4: Total expenditures this period (page 3, line 14) \$ 88.78  
Line 5: Ending balance (line 3 minus line 4) \$ 1656.22  
Line 6: Total in-kind contributions this period (page 4) \$ 0  
Line 7: Total (all) outstanding liabilities (page 4) \$ 10,308.29  
Line 8: Name of bank(s) used Broadline Savings Bank

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

George Humphrey  
Treasurer's signature (in ink)

4-22-09  
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:

Betsy DeWitt  
Candidate signature (in ink)

4/22/09  
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 itemize only those over \$50. In addition, Section 3.1.7 of the Town By-Laws further requires that the occupation and employer must be reported for each person who contributes more than \$50 in a calendar year. Receipts of \$50 or less may be added together, from committee records, and reported on line 10 rather than line 9.

This page may be copied if additional pages are required to report all receipts. If you do so, include your committee name and a page number on each additional page.

Date received	Name and residential address (alphabetical listing required)	Amount	Occupation and employer (for contributions over \$50)
4-15	Robert Basile 40 Williams St., Brookline 02446	150 00	
4-16	Beverly Basile 902 W. Roxbury Pwy, Chestnut Hill	50 00	
3-15	John Bassett 26 Searle Av., Brookline 02446	100 00	Retired
4-5	Edie Brickman 33 Pond Av #400, Brookline	20 00	
4-12	Deborah Brooks 3 Alwyn Rd, Chestnut Hill	50 00	
4-12	David Brooks 3 Alwyn Rd, Chestnut Hill	50 00	
3-22	Carol Caro 21 Elba St., Brookline 02446	104 00	Retired
3-24	Committee to Elect Eliz Childs 157 Walnut St., Brookline	50 00	
4-5	Gill Fishman	60 00	
4-12	Pauline Katz 55A St. Paul St., Brookline	25 00	
4-12	David King 202 Mason Ter., Brookline	30 00	
4-5	Jane Larsen 161 Clinton Rd, Brookline	100 00	Retired
3-22	Werner Lohe 25 Salisbury Rd, Brookline	25 00	
4-8	Karin Miller 27 Devon Rd., Chestnut Hill	50 00	
4-8	Leonard Miller 27 Devon Rd., Chestnut Hill	50 00	
4-12	Michael Sandman 160 Beacon St., Brookline	100 00	consultant - Fuld & Co.
3-22	Stephen D. Soutoria 98 Crownshield Rd., Brookline	50 00	
3-22	Margaret Soutoria 98 Crownshield Rd., Brookline	50 00	
Line 9: Total receipts of more than \$50 (or listed above)			
Line 10: Total receipts of \$50 or less (not listed above)*			
<b>Line 11: Total receipts this period</b> (Enter here and on page 1, line 2)			

\*Receipts of \$50 or less may be itemized above. If you do so, include them in Line 9 rather than Line 10. Line 10 must include only receipts 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
<b>Line 15: In-kind over \$50</b>				
<b>Line 16: In-kind \$50 and under</b>				
<b>Line 17: Total In-kind</b>				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
5-13-06	Betsy DeWitt	94 Upland Rd	loan for printing, postage, etc.	10,308.29
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				10,308.29

Enter on page 1, line 7

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 M 102: Campaign Finance Report

## Municipal Form Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

File with Town Clerk or Election Commission

2009 APR 27 P 2:46

Please print or type all information except signatures

<b>Fill in dates:</b>	Month	Day	Year		Month	Day	Year
Reporting period beginning	January	1	2009	and ending	April	17	2009

**Report period:**  
 15<sup>th</sup> day before election   
 8<sup>th</sup> day before election   
 30<sup>th</sup> day after election   
 Year-end report

Kenneth Michael Goldstein  
Full name of candidate  
Selectman  
Office sought  
111 Holland Rd. Brookline, MA 02445  
Residential address

Committee to Elect Ken Goldstein  
Committee name  
Hui Jojo Deng  
Name of committee treasurer  
111 Holland Rd. Brookline, MA 02445  
Committee mailing address

Tel. No. (optional)

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION

Line 1: Ending balance from previous report	\$ 0.00
Line 2: Total receipts this period (from page 2, line 11)	\$ 5,965.00
Line 3: Subtotal (line 1 plus line 2)	\$ 5,965.00
Line 4: Total expenditures this period (from page 3, line 14)	\$ 3,143.59
Line 5: Ending balance (line 3 minus line 4)	\$ 2,821.41
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	TD Bank North

#### 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:

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 itemize only those over \$50. In addition, Section 3.1.7 of the Town By-Laws further requires that the occupation and employer must be reported for each person who contributes more than \$50 in a calendar year. Receipts of \$50 or less may be added together, from committee records, and reported on line 10 rather than line 9.*

This page may be copied if additional pages are required to report all receipts. If you do so, include your committee name and a page number on each additional page.

<b>Date received</b>	<b>Name and residential address (alphabetical listing required)</b>	<b>Amount</b>		<b>Occupation and employer (for contributions over \$50)</b>
	See Attachment			
<b>Line 9: Total receipts of more than \$50 (or listed above)</b>		4,875		
<b>Line 10: Total receipts of \$50 or less (not listed above)*</b>		1,090		
<b>Line 11: Total receipts this period</b> (Enter here and on page 1, line 2)		5,965		

\*Receipts of \$50 or less may be itemized above. If you do so, include them in Line 9 rather than Line 10. Line 10 must include only receipts not itemized above.

# Brookline Supplemental Campaign Finance Report

15th day before Election

Schedule A: Receipts

Date	First	Last	Address	Town	Zip	Amount	Occupation	Employer
3/25/2009	Robert	Allen	290 Russett Road	Brookline	02467	\$250.00	Attorney	Self Employed
3/25/2009	Robert W.	Basile	333 Heath Street	Chestnut Hill	02467	\$150.00	Property Mangement	Self Employed
3/25/2009	Gerald	Bickoff	106 Clinton Rd.	Brookline	02445	\$250.00	Business Owner/Cleaning	Commercial Cleaning Service
3/18/2009	Maura	Byrne	48 Parklawn Rd.	West Roxbury	02132	\$100.00	Massage Therapist	Self Employed
3/15/2009	Giuseppe	Civitarese	1075 Beacon Street	Brookline	02446	\$100.00	Engineer	Fairmont Copley Plaza Corp.
1/30/2009	C.C.	Cunningham Jr	63 Hillside Rd.	Brookline	02445	\$250.00	Retired	Retired
3/25/2009	Nancy	Daly	161 Rawson Road	Brookline	02445	\$100.00	Attorney	Self Employed
4/2/2009	Andre	Danesh	181 Mason Terrace	Brookline	02446	\$100.00	Investment Banker	Self Employed
3/8/2009	James E.	Fleming	80 Gardner Road	Brookline	02445	\$100.00	Law professor	BU School of Law
1/30/2009	Doug	Freeman	138 Valentine St.	Brookline	02465	\$500.00	Property Mangement	Self Employed
3/23/2009	James M.	Godec	105 Holland Road	Brookline	02445	\$100.00	Investment Banker	Overland Capital Group, Inc
3/25/2009	Joseph	Hanley	21 Custom House St. Suite 300	Boston	02110	\$100.00	Attorney	McDermott, Quihjal, Miller
3/25/2009	Tom	Hantakas Jr.	109 Salmon Street	Brookline	02445	\$125.00	Sr. Cust. Maint.	Brookline School Dept.
3/7/2009	Janet	Kahan	60 Parkman Street	Brookline	02446	\$100.00	Realtor	Hammond R.E.
3/25/2009	Holly	Kempler	60 Gardner Rd.	Brookline	02445	\$250.00	Realtor	Classic Realty
1/5/2009	Mordechai	Levin	PO Box 470405	Brookline	02447	\$500.00	Property Mangement	Self Employed
3/11/2009	Alison	Levins	125 Pleasant Street, #404	Brookline	02446	\$100.00	Consultant	Housing Resources
3/16/2009	Ken	Lewis	232 Summit Ave.	Brookline	02446	\$250.00	Real Estate Consultant	Self Employed
3/9/2009	Jesse	Mermell	149 Winthrop R. Apt 8	Brookline	02445	\$100.00	Selectman	Town of Brookline
4/5/2009	Chou Chou	Merril	149 Eliot St.	Chestnut Hill	02467	\$100.00	Retired	Retired
3/25/2009	Robert	Muscaro	48 Grover Rd.	Ashland	01721	\$250.00	Property Mangement	Durban Trust
3/8/2009	Ebrahim & Flora	Pourati	159 Longwood Avenue	Brookline	02446	\$100.00	Realtor	Coldwell Banker
2/25/2009	Julia & Michael	Sher	116 Fuller St.	Brookline	02446	\$250.00	Executive	Commerce Insurance
3/13/2009	Arthur	Sneider	223 Beverly Road	Chestnut Hill	02467	\$100.00	Attorney	Mulvey Sneider PC
4/3/2009	Roger	Tackeff	86 Dean Road	Brookline	02445	\$250.00	Property Mangement	Self Employed
3/6/2009	Michael	Traister	71 Griggs Road	Brookline	02446	\$100.00	Attorney	Annova Imaging Tech.
4/5/2009	Lisa	Wymer	201 Winchester St.	Brookline	02446	\$100.00	Business Owner/Fitness	Studio Elle, Inc.
3/14/2009	Mark & Cheryl	Zarrillo	3 Copley Street	Brookline	02446	\$100.00	Landscape Architect	Symmes, Maini & Mckee
Donation larger than \$50						\$4,875.00		
Total Donation Less than \$50						<u>\$1,090.00</u>		
Total Receipts						<u><u>\$5,965.00</u></u>		



**SCHEDULE C: "IN-KIND" CONTRIBUTIONS**

Itemize contributors who have made in-kind contributions of *more than \$50*. In-kind contributions of \$50 or less may be itemized and included in line 15, or added together from the committee's records and included in line 16.

Date received	From whom received*	Residential address	Description of contribution	Value	
<b>Line 15: In-kind over \$50 (or listed above)</b>					
<b>Line 16: In-kind \$50 or less (not listed above)</b>					
<b>Line 17: Total in-kind contributions</b> (Enter here and on page 1, line 6)				<b>0</b>	

\*If an in-kind contribution is received from a person (including candidate) who contributes more than \$50 in a calendar year, you must report the name and address, occupation and employer of the contributor.

**SCHEDULE D: LIABILITIES**

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

Date incurred	To whom due	Address	Purpose	Amount	
<b>Line 18: Total outstanding liabilities</b> (Enter here and on page 1, line 7)				<b>0</b>	

**SCHEDULE E: DONORS OF \$50 AND LESS**

<b>Line 19: Total number of donors in this period whose aggregate contributions (including in-kind contributions) equal an amount or value of \$50.00 or less</b>	<b>1</b>	
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This page may be copied if additional pages are required to report all activity, Include committee name and a page number on each additional page.



# 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 Please print or type all information, except signatures.

2009 APR 27 P 3:01

Fill in dates:  
 Reporting Period Beginning <sup>Month</sup> April <sup>Date</sup> 9 <sup>Year</sup> 2009 Ending <sup>Month</sup> April <sup>Date</sup> 17 <sup>Year</sup> 2009

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

Ira C. Chan  
 Full Name of Candidate (if applicable)  
School Committee  
 Office Sought and District  
55 Welland Rd  
 Residential Address  
Brookline MA 02445  
 Tel. No. (optional)

Committee to elect Ira Chan  
 Committee Name  
Teresa Cheng  
 Name of Committee Treasurer  
55 Welland Rd.  
 Committee Mailing Address  
Brookline MA 02445.  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$	<u>          </u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>525.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>525.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>          </u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>525.00</u>
-----		
Line 6: Total in-kind contributions this period (page 4)	\$	<u>75.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>          </u>
Line 8: Name of bank(s) used		<u>Citizens Bank.</u>

**Affidavit of Committee Treasurer:**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:  
[Signature] Date 4/26/09  
 Treasurer's signature (in ink)

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**  
 Candidate with Committee and no activity independent of the committee  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  
 Candidate without Committee OR Candidate with independent activity filing separate report  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:  
[Signature] Date 4/26/2009  
 Candidate signature (in ink)

**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)
4/9/09	Teresa Cheng 55 Welland Rd Brookline MA 02445	200 —	Physician VAMC
4/14/09	Kevin Lang 179 Winchester St. Brookline MA 02446	75 —	
4/10/09	Henry Warren 50 Gorham Ave Brookline MA 02445	50 —	
4/10/09	Chi Chi Wu 14 Marion Terrace Brookline MA 02446	200 —	attorney National Consumer Law Center
Line 9: Total receipts in excess of \$50 (or listed above)	525	—	
Line 10: Total receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	525	—	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.  
Page 2



**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
4/2/09	Stanley Rabinowitz	117 Thorndike St Brookline MA 02446	Constable Services	\$75.00
Line 15: In-kind over \$50				\$75.00
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				\$75.00

Enter on page 1, line 6

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

**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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
TOWN CLERK

2009 APR 27 A 10 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	Date	Year	Ending	Month	Date	Year
	January	1	2009	April	24	2009	

**Type of report: (Check one)**

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

Judy Meyers  
Full Name of Candidate (if applicable)

School Committee  
Office Sought and District

75 Clinton Road  
Residential Address

Brookline, MA 02445  
Tel. No. (optional) 617-739-6522

Judy Meyers for School Committee  
Committee Name

Randy Kaston  
Name of Committee Treasurer

645 Hammond Street #3  
Committee Mailing Address

Chestnut Hill, MA 02467  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>1,373.57</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1,190.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2,563.57</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1,682.50</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>881.07</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>75.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ _____
Line 8: Name of bank(s) used	<u>Brookline Bank</u>

**Affidavit of Committee Treasurer:**

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Randy Kaston  
Treasurer's signature (in ink)

April 24, 2009  
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:

Judy Meyers  
Candidate signature (in ink)

April 24, 2009  
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)
4-21-09	Catherine Brown 64 Beaconsfield Road Brookline, MA 02445	100	00	
4-15-09	Glenn A. Cunha 311 Clark Road Brookline, MA 02445	100	00	
4-8-09	Joseph M. Ditkoff 145 Mason Terrace Brookline, MA 02446	100	00	
4-7-09	Susan W. Ditkoff 145 Mason Terrace Brookline, MA 02446	250	00	consultant The Bridgespan Group
4-13-09	Robert Kaim and Susan Kaim 76a Washington Street Brookline, MA 02446	100	00	
4-6-09	Ruth L. Kaplan 24 Spooner Road Chestnut Hill, MA 02467	100	00	
4-20-09	Kevin Lang and Shulamit Kahn 179 Winchester Street Brookline, MA 02446	75	00	
4-20-09	Jesse R. Mermell 149 Winthrop Road # 8 Brookline, MA 02445	50	00	
4-10-09	Alan R. Morse, Jr. and Cecily O. Morse 160 Aspinwall Avenue #1 Brookline, MA 02446	100	00	
4-16-09	Harriet Collier Newman and Marshall F. Newman 25 Willard Road Brookline, MA 02445	50	00	
4-7-09	Frank J. Smizik 42 Russell Street Brookline, MA 02446	40	00	
4-10-09	Henry Warren and Cornelia W. Brown 50 Gorham Avenue Brookline, MA 02445	50	00	
4-14-09	Andrew Weiss and Bonnie Weiss 46 Abbottsford Road Brookline, MA 02446	75	00	
Line 9: Total receipts in excess of \$50 (or listed above)		1190	00	
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		1190	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	
4-8-09	Greiner Print Shop, Inc.	370a Washington St. Jamaica Plain, MA 02130	printing costs	168	00
4-22-09	Greiner Print Shop, Inc.	370a Washington St. Jamaica Plain, MA 02130	printing costs	188	35
4-6-09	TAB Community Newspapers, Inc.	254 Second Avenue Needham, MA 02494	advertising	1,326	15
Line 12: Expenditures over \$50				1,682	50
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				1,682	50

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
4-2-09	Stanley N. Rabinovitz	117 Thorndike Street Brookline, MA 02446	Collecting signatures for slate	75.00
<b>Line 15: In-kind over \$50</b>				75.00
<b>Line 16: In-kind \$50 and under</b>				
<b>Line 17: Total In-kind</b>				75.00

Enter on page 1, line 6

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### 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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				

Enter on page 1, line 7



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 Please print or type all information, except signatures.

2009 APR 28 A 10:06

Fill in dates: Reporting Period Beginning Month Feb Date 1 Year 2009 Ending Month April Date 27 Year 2009

Type of report: (Check one)

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

ELIZABETH CHILDS

Full Name of Candidate (if applicable)

School Committee Brookline

Office Sought and District

157 WALNUT ST

Residential Address

BROOKLINE, MA 02445

617.734.4026 Tel. No. (optional)

Committee to Elect Elizabeth Childs

Committee Name

RALPH GRIECO

Name of Committee Treasurer

157 WALNUT ST

Committee Mailing Address

BROOKLINE MA 02445

617.734.4026 Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>0.00</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>6,530.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>6,530.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>9,542.33</u>
Line 5: Ending balance (line 3 minus line 4)	— \$ <u>3,012.33</u>
-----	
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>3,012.33</u>
Line 8: Name of bank(s) used	<u>BROOKLINE BANK</u>

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Ralph Grieco  
Treasurer's signature (in ink)

Signed under the penalties of perjury:

4/27/09  
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.

Elizabeth Childs  
Candidate signature (in ink)

Signed under the penalties of perjury:

4/27/09  
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)
	SEE SCHEDULE A			
	ATTACHMENT			
	(3 PAGES)			
Line 9: Total receipts in excess of \$50 (or listed above)		6,530	00	
Line 10: Total receipts \$50 and under* (not listed above)				
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>6,530</b>	<b>00</b>	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 Attachment: Receipts

date	name/s		address				amount \$	add'l info if \$200 or more	
	last	first	no. & street	town	state	zip		occupation	employer
4/1/2009	Abreu	Caritza	3 E. Alden Ave	Randolph	MA	02368	\$25.00		
3/16/2009	Alfonso	Francis	118 Asselin St	Chicopee	MA	01020	\$50.00		
3/18/2009	Allen	Robert	296 Russet Rd	Brookline	MA	02467	\$150.00		
4/23/2009	Ames	Charles	27 Walnut Street	Brookline	MA	02445	\$100.00		
3/12/2009	Axelrod	Carol	323 Clark Rd	Brookline	MA	02445	\$50.00		
4/7/2009	Bartels	Elmer	12 Elm Brook Cir	Bedford	MA	01730	\$25.00		
3/30/2009	Beck	B.J.	135 Garden St	W. Newbury	MA	01985	\$50.00		
4/14/2009	Begien	Katherine	407 Warren St	Brookline	MA	02445	\$50.00		
3/7/2009	Benjamin	Emelia	112 Lancaster Terr	Brookline	MA	02446	\$500.00	Professor	B.U. School of Med.
4/12/2009	Bleichmar	Andrea	3 Clinton Rd	Brookline	MA	02445	\$60.00		
4/7/2009	Blood	Roger	69 Cleveland Rd	Chestnut Hill	MA	02467	\$25.00		
3/14/2009	Blumberg	Lester	68 Farmcrest Ave	Lexinton	MA	02421	\$100.00		
3/18/2009	Bove	John	15 Kenwood Dr	Plymouth	MA	02360	\$25.00		
3/16/2009	Brady	Karen	210 East Border Rd	Malden	MA	02148	\$25.00		
4/7/2009	Brooks	Deborah	3 Alwyngton Rd	Chestnut Hill	MA	02467	\$100.00		
4/5/2009	Cabbage	Glen	1290 N. Main St	Randolph	MA	02368	\$50.00		
3/17/2009	Carey	Janet	121 Pine Ridge Rd	Reading	MA	01867	\$100.00		
3/23/2009	Chandler	Harriette	17 Briarcliff Ln	Paxton	MA	01612	\$50.00		
3/19/2009	Cidlewich	Steven	82 Belcher Cir	Milton	MA	02186	\$50.00		
3/16/2009	Cobb	Rachael	140 Lexington Ave	Cambridge	MA	02138	\$20.00		
3/18/2009	Cooney	Charles	35 Chestnut St	Brookline	MA	02445	\$100.00		
3/26/2009	Daigneault	Paul	204 Wachusett St	J.P.	MA	02130	\$50.00		
2/28/2009	Daly	Nancy	161 Rawson Rd.	Brookline	MA	02445	\$200.00	Attorney	Self-Employed
3/15/2009	Davies	Robert	9 Upland Rd.	Brookline	MA	02445	\$25.00		
4/25/2009	D'elia	Aaron	6 Whittier Place	Boston	MA	02114	\$100.00		
3/17/2009	DePalma	Jack & Joann	42 Holly Cir	Kingston	MA	02364	\$25.00		
3/12/2009	DePinto	John	36 Tamarock Terr	Stoneham	MA	02180	\$100.00		
3/18/2009	Ditkoff	Joseph	145 Mason Terr	Brookline	MA	02446	\$100.00		
3/28/2009	Eldredge	T.H.	721 N. Rose Dr C-305	Placentia	CA	92870	\$50.00		
3/18/2009	England	Mary Jane	235 Wellesley St	Weston	MA	02493	\$100.00		
3/15/2009	Federico	Sabina & Edward	299 Weymouth St	Holbrook	MA	02343	\$100.00		
3/27/2009	Fisher	Francis	149 Walnut St	Brookline	MA	02445	\$50.00		
3/20/2009	Foti	Mary Ellen	320 Poplar St	Roslindale	MA	02131	\$50.00		
3/14/2009	Glynn	Thomas	12 Candleberry Ln	Belmont	MA	02478	\$25.00		
4/13/2009	Gordon	Diane	10 Winthrop Sq	Boston	MA	02110	\$50.00		
2/28/2009	Gross	Betsy S.	25 Edge Hill Road	Brookline	MA	02445	\$50.00		

### Schedule A Attachment: Receipts

date	name/s		address				amount \$	add'l info if \$200 or more	
	last	first	no. & street	town	state	zip		occupation	employer
3/14/2009	Gutheil	Thomas	6 Wellman St	Brookline	MA	02446	\$100.00		
3/22/2009	Hannenburg	Alexander	81 Washburn Ave	Wellesley	MA	02481	\$100.00		
3/16/2009	Harrington	Philip	10 Edwin St	Brookline	MA	02445	\$25.00		
3/7/2009	Harrington	Janet	143 Coolidge St. #3	Brookline	MA	02446	\$100.00		
3/16/2009	Harris	Mary	102 Franklin St	Brookline	MA	02445	\$25.00		
3/28/2009	Hill	Elaine	P.O.Box 7122	Cumberland	RI	02864	\$50.00		
3/30/2009	Hoffer	Axel	14 Welland Rd	Brookline	MA	02445	\$50.00		
3/18/2009	Jampel	Jeffrey	63 Brington Rd	Brookline	MA	02445	\$50.00		
3/26/2009	Johnson	Peggy	28 Munroe St	Somerville	MA	02143	\$200.00	Physician	Boston Med. Cntr.
4/8/2009	Kanes	Steven	89 Carlton St	Brookline	MA	02446	\$50.00		
3/22/2009	Krozy	Mona	29 Shady Lane	Needham	MA	02492	\$50.00		
3/18/2009	Laselva	Sylvia	364 Highland Ave	Wollaston	MA	02170	\$100.00		
3/12/2009	Lindback	Edward & Dianna	234 Poquanticut Ave	N. Eastern	MA	02356	\$25.00		
3/20/2009	Mackin	Kenneth	207 Sheri Ln	S.Weymouth	MA	02190	\$25.00		
3/21/2009	Mathiasen	Karen	20 Hamilton Rd	Arlington	MA	02474	\$25.00		
3/18/2009	Mauch	Danna	42 Campell Rd	Wayland	MA	01778	\$100.00		
3/18/2009	Meiklejohn	Randolph	161 Cypress St	Brookline	MA	02445	\$50.00		
3/27/2009	Mikula	Joan	29 Arlington St	Newton	MA	02458	\$25.00		
3/12/2009	Morse	Alan & Cecily	160 Aspinwall Ave Unit 1	Brookline	MA	02446	\$150.00		
3/11/2009	Nangle	Richard	854 Hammond St	Chestnut Hill	MA	02467	\$50.00		
3/30/2009	O'Leary	Pat	8 Hillcrest Rd	Wakefield	MA	01880	\$100.00		
3/27/2009	O'Neill	Michael	95 Hartford St	Natick	MA	01760	\$25.00		
3/9/2009	Pedone	Vincent	18 East Park Terr	Worcester	MA	01604	\$100.00		
4/16/2009	Peisch	Alice	37 Pine St	Wellesley	MA	02481	\$100.00		
4/16/2009	Richardson	Maurice	27 Upland Rd	Brookline	MA	02445	\$50.00		
3/15/2009	Rizzuto	Ana Maria	10 Roger St, Apt 321	Cambridge	MA	02142	\$25.00		
3/15/2009	Robinson	Joseph	1 Garden Street	Cambridge	MA	02138	\$200.00	Minister	Christ Church Cambr.
4/23/2009	Rosenzweig	Janet	1 Devonshire Pl, Apt 3009	Boston	MA	02109	\$25.00		
3/12/2009	Ross	Kondeleye	18 Hallam St, Unit 3	Dorchester	MA	02125	\$100.00		
3/29/2009	Scaccia	Angelo	9 Pinefield Rd	Readville	MA	02136	\$100.00		
3/19/2009	Shea	Katherine	21 Dwight St	Brookline	MA	02446	\$100.00		
3/10/2009	Shore	Miles	62 Meadowbrook Rd	Needham	MA	02492	\$100.00		
3/26/2009	Smizik	Frank	125 Coolidge St	Brookline	MA	02446	\$40.00		
3/20/2009	Snyder	Linda	80 Broad St	Boston	MA	02110	\$50.00		
3/18/2009	Sobieraj	Jerome	12 Kenilworth St	Newton	MA	02458	\$200.00	Physician	Boston Medical Cntr.
4/9/2009	Speakman	Anne	48 Orchard St	Cambridge	MA	02140	\$100.00		

### Schedule A Attachment: Receipts

date	name/s		address				amount \$	add'l info if \$200 or more	
	last	first	no. & street	town	state	zip		occupation	employer
4/15/2009	Sperber	Robert	21 Lowell Rd	Brookline	MA	02445	\$50.00		
3/16/2009	Spilka	Karen	94 Saddle Hill Rd	Hopkinton	MA	01748	\$100.00		
3/30/2009	Spunt	Palma	29 Eliot St	Charlestown	MA	02467	\$25.00		
2/28/2009	Tallman	Jay	365 Faneuil St. Apt 15	Brighton	MA	02135	\$200.00	Dir. Policy	MA Dept Mental Health
3/14/2009	Tempesta	Theresa	17 Flint Locke Rd	Randolph	MA	02368	\$15.00		
3/18/2009	Trimarco	Thomas	18 Monument Sq	Charlestown	MA	02129	\$50.00		
3/13/2009	Walsh	Martin	33 Taft Street	Dorchester	MA	02125	\$100.00		
3/18/2009	Ward	Eileen	24 New Terrace Rd	Brookline	MA	02445	\$20.00		
3/21/2009	Warren	Henry	50 Gorham Ave	Brookline	MA	02445	\$50.00		
4/11/2009	Warren	Susan	21 Arapahoe	Newton	MA	02465	\$100.00		
3/14/2009	Webster	Robert	195 Standish St	Marshfield	MA	02050	\$25.00		
3/25/2009	Werner	John	255 Walnut St Unit C	Brookline	MA	02445	\$50.00		
3/25/2009	Wilson	Julie	PO Box 62	N.Sandwich	MA	03259	\$100.00		
3/18/2009	Wishinsky	Neil	20 Henry St	Brookline	MA	02445	\$100.00		

**Total Receipts in this Period**

**\$6,530.00**



### Schedule B Attachment: Expenditures

<b>Expenditures Over \$50:</b>				
<b>Date Paid</b>	<b>To Whom Paid</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>
3/18/2009	Chris Carroll	VFW Hall 386 Washington St. Brookline, MA 02445	Rental Hall for Kick-Off Party	\$100.00
4/20/2009	CNC News	254 Second St, Needham, MA 02494	Paid Advertisement	\$1,657.69
3/18/2009	Costco Wholesale	400 Commercial St., Dedham, MA 02026	Food/Supplies for Kick-Off Party	\$117.60
4/3/2009	Deluxe Business Sys. Products	P.O. Box 1186, Lancaster, CA 93584	Business Checks for Laser Printer - Qty 250	\$126.65
4/17/2009	Home Depot	1213 VFW Pkwy, W. Rox, MA 02132	Lumber for Yard Signs	\$109.28
3/15/2009	I-Party	1457 VFW Pkwy, W.Rox., MA 02132	Supplies for Kick-Off Party	\$122.19
3/6/2009	Jake Lambert	166 Commonwealth Ave., Brighton, MA 02135	Construction of On-Line Campaign Web Site	\$800.00
4/25/2009	Jay Tallman	365 Faneuil St. Apt 15, Brighton, MA 02135	Mailing Labels & Printer Ink	\$108.00
4/17/2009	Pitney BowlesPurchase Power	P.O. Box 856042, Louisville, KY 40285	Metered Mail Postage for Fund Raising Letter	\$400.00
4/24/2009	Staples	450 Providence Highway, Dedham, MA 02026	Mail Seals for Postcard Mailing	\$82.61
3/6/2009	Union Print Works	1193 River St. P.O. Box 366205, Hyde Park, MA 02136	Printing of Lapel Stickers and Banner	\$198.19
3/10/2009	Union Print Works	1193 River St. P.O. Box 366205, Hyde Park, MA 02136	Printing of Introduction and Fund Raising Letter	\$415.80
4/3/2009	Union Print Works	1193 River St. P.O. Box 366205, Hyde Park, MA 02136	Printing of 24"x30" Posters for Yard Signs	\$948.15
4/22/2009	Union Print Works	1193 River St. P.O. Box 366205, Hyde Park, MA 02136	Printing of "Dear Friend Cards" Postcards	\$346.50
4/24/2009	Union Print Works	1193 River St. P.O. Box 366205, Hyde Park, MA 02136	Printing of Self Mailers - Qty 8000	\$1,875.30
3/30/2009	US Postal Service	Ft. Point Channel Station, Boston, MA 02205	Adm & Annual Fee for Mail Stamp Imprint	\$360.00
4/17/2009	US Postal Service	897 Washington St. Newtonville, MA 02460	Postage Deposit for Mail Stamp Imprint	\$1,700.00
<b>Total Expenditures Over \$50</b>				<b>\$9,467.96</b>

<b>Expenditures \$50 or Under:</b>				
<b>Date Paid</b>	<b>To Whom Paid</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>
3/24/2009	Committee to Elect Betsy DeWitt	94 Upland Rd., Brookline, MA 02445	Campaign Donation	\$20.00
3/16/2009	I-Party	1457 VFW Pkwy, W.Rox., MA 02132	Helium of Ballons for Kick-Off Party	\$29.97
4/23/2009	Staples	163 Highland Ave, Needham, MA 02494	Office Supplies	\$6.60
3/15/2009	Staples	450 Providence Hwy, Dedham, MA 02026	Office Supplies	\$8.80
1/26/2009	Town of Brookline	333 Washington St, Brookline, MA 02445	Precint Maps	\$9.00
<b>Total Expenditures \$50 or Under</b>				<b>\$74.37</b>

**Total Expenditures \$9,542.33**

**SCHEDULE C: "IN-KIND" CONTRIBUTIONS**

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

**SCHEDULE D: LIABILITIES**

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

Date Incurred	To Whom Due	Address	Purpose	Amount
4/27/09	ELIZABETH CHILDS	157 WALNUT ST BROOKLINE, MA 02445	PERSONAL LOAN TO CAMPAIGN COMMITTEE	\$ 3012.33
Line 18: OUTSTANDING LIABILITIES (ALL)				\$ 3012.33

Enter on page 1, line 7



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
REGISTRARS OF VOTERS  
09 APR 27 PM 4: 10

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

<b>Fill in dates:</b>	Month	Date	Year	Month	Date	Year
Reporting Period Beginning	March	24	2009	Ending	April	27
			2009			

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

BARBARA SCOTTO  
Full Name of Candidate (if applicable)  
SCHOOL COMMITTEE, BROOKLINE  
Office Sought and District  
26 CROWNINSHIELD ROAD, BKLINE  
Residential Address 02446  
(617) 566-0041  
Tel. No. (optional)

COMMITTEE TO ELECT BARBARA SCOTTO  
Committee Name  
EVELYN ROLL  
Name of Committee Treasurer  
25 ADAMS ST., BKLINE, 02446  
Committee Mailing Address  
(617) 277-7465  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>0. -</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1230. -</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1230. -</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3940.94</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>3289.06</u>
-----	
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>BROOKLINE BANK</u>

**Affidavit of Committee Treasurer:**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury:  
Evelyn Roll  
Treasurer's Signature (in ink) April 27, 2009  
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:  
Barbara C. Scotto

## 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)
✓ 4/1	ROBERT W. BASILE 40 WILLIAMS ST., BROOKLINE 02446	100 -	
✓ 4/11	CRAIG BOLON 127 FULLER ST., BROOKLINE 02446	100 -	
3/29	PAULINE B. BRAZELTON 208 SUMMIT AVE., BROOKLINE 02446	200 -	LETTER SENT 4/27/09
✓ 3/26	NANCY + FRANK BUELL 185 DAVIS AVE., BROOKLINE 02445	100 -	
4/1	POLLY CORNBATH 99 GARDNER RD. BKLINE 02445	100 -	
✓ 3/26	MADY + BRUCE DONOFF 25 ALBERTA RD, CHESTNUT HILL 02467	100 -	
✓ 3/29	LINDY ROGERS + PAUL DRYFOOS	100 -	
✓ 4/5	JOY DRYFOOS 100 CENTRE ST., BKLINE 02446	100 -	
✓ 4/1	KIM NELSON + SETH EVANS 131 GARDNER RD. BKLINE 02445	100 -	
✓ 3/29	PAULA SWENSTEIN 15 Crablin Path BKline	100 -	
✓ 3/29	JAMES + ANN FREDERICK 170 FAIRWAY RD. CHESTNUT HILL 02467	100 -	
✓ 3/29	SUKI + ROY FREEMAN 256 SUMMIT AVE., BKLINE 02446	100 -	
✓ 3/29	HOWARD FRIEDMAN + SHERRY 87 EVANS RD. LIBOWITZ BKLINE 02445	100 -	
✓ 4/18	HELEN GIAMBRO 1001 MARINA DRIVE - (300) N. QUINCY, MA	200 -	OFFICE MANAGE 4/27/LETTER SENT
4/1	H. GAIL GORDON 109 ST. PAUL ST. APT 2, BROOKLINE, MA 02446	100 -	
Line 9: Total receipts in excess of \$50 (or listed above)		(cont.)	
Line 10: Total receipts \$50 and under* (not listed above)		(cont.)	
Line 11: TOTAL RECEIPTS IN THE PERIOD		(cont.)	Enter on page 1, line 2A

\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized

## 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)
✓ 4/1	NANCY GREEN 88 CROWNINSHIELD RD. BKLINE, MA 02446	100 -	
✓ 4/11	SALLY KNIGHT 765 WASH. ST. BKLINE, MA 02446	100 -	
✓ 3/26	HELEN + MICHAEL LEW 93 LAWTON ST BKLINE, MA 02446	100 -	
✓ 4/1	ANNA C. MCCARTHY 21 CROWNINSHIELD RD. BKLINE, MA 02446	100 -	
✓ 4/1	MARY + MIKE McCONNELL 76 WILLISTON RD. BKLINE, MA 02446	100 -	
✓ 4/12	JESSE MERMELL 149 WINTHROP ROAD BKLINE, MA 02446	100 -	
✓ 4/5	DR. KIM MICHELSON 1501 BEACON ST. BKLINE	150 -	
✓ 4/23	JUDITH PARADIS 26 SALISBURY RD BROOKLINE, MA 02445	200	REALTOR - CHOBEE HOY ASSOC. BKLINE
✓ 4/11	ELISA + STEVE PEBARY 26 WINCHESTER ST. BKLINE, MA 02446	100 -	
✓ 4/5	DR. FAHEEM RASOOL BKLINE DENTAL CENTER - BEACON ST. BKLINE	200 -	DENTIST BEACON ST. Home - 1 Pine Rd. C.H. 02467
✓ 3/29	RANDALL E. RAVITZ 60 BABCOCK ST. BKLINE, MA 02446	100 -	
✓ 4/23	MARGARET RHODES 309 MASON TERRACE BKLINE	100 -	
✓ 4/5	NATALIE ROTHSTEIN 57 YORK TERRACE, BKLINE	100 -	
✓ 4/12	CAROL SCHAFFT 52 VAWS RD. BKLINE 02446	100 -	
✓ 4/1	MARGARET (PEG) SENTURIA 98 CROWNINSHIELD RD BKLINE, MA 02446	100 -	
Line 9: Total receipts in excess of \$50 (or listed above)		(cont.)	
Line 10: Total receipts \$50 and under* (not listed above)		(cont.)	
Line 11: TOTAL RECEIPTS IN THE PERIOD		(cont.)	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

### 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)
✓ 4/1	EDMUND & TERESE SOLARI 9 ADAMS ST. BKLINE 02446	100 -	
+ 3/29	REBECCA STONE 71 TOKETH ST, BKLINE	100 -	
✓ 4/24	LOUISE & CHARLES WEED 109 AVON HILL ST. CAMBRIDGE 02140	100 -	
✓ 4/18	MARCIA LYNCH 110 YORK TERRACE BKLINE	100 -	
Line 9: Total receipts in excess of \$50 (or listed above)		3850 -	
Line 10: Total receipts \$50 and under* (not listed above)		3280 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		7130	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

Dana 2C





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN OF BROOKLINE  
REGISTRARS OF VOTERS

09 APR 28 PM 1:50

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning Jan 1 2009 Ending Apr 15 2009

**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)

Brookline Civic Assn

Committee Name

Hugh Dunlap Jr

Name of Committee Treasurer

29 Lowell Rd.

Committee Mailing Address

617-232-6409 Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1519.79</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>0</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1519.79</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>0</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1519.79</u>
-----	
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>BROOKLINE BANK</u>

**Affidavit of Committee Treasurer:**

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury.

Hugh A. Dunlap Jr  
Treasurer's signature (in ink)

4-15-09  
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:

Candidate signature (in ink)

Date





**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
<b>Line 15: In-kind over \$50</b>				6
<b>Line 16: In-kind \$50 and under</b>				0
<b>Line 17: Total In-kind</b>				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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				0

Enter on page 1, line 7