

Committee for Neil Wishinsky Selectman

Receipts over \$50.00

date	first	last	profession	employer	street	town	zip	amount
3/14/2016	Charles	Baker III	public relations executive	Dewey Square Group	179 Clinton Road	Brookline	02445	\$ 500.00
3/16/2015	Beverly	Basile	Real Estate	Self-Employed	902 W Roxbury Pkwy	Brookline	02467	100.00
3/13/2016	Harry	Boers	physician	Boston Medical Center	97 Toxteth Street	Brookline	02446	100.00
3/14/2016	Linda	Carlisle	consultant	L Carlislegroup	233 Fisher Avenue	Brookline	02445	200.00
2/19/2016	Carol	Caro	retired		1264 Beacon St	Brookline	02446	100.00
1/26/2016	Committee to Elect Nancy	Daly	campaign committee		121 Colbourne Crescent	Brookline	02446	220.32
3/13/2016	Elizabeth & Dennis	DeWitt	retired		94 Upland Road	Brookline	02445	250.00
3/16/2015	John	Doggett	retired		8 Penniman Rd	Brookline	02445	200.00
3/13/2016	Committee to Elect Ben	Franco	campaign committee		275 Cypress St	Brookline	02445	100.00
3/18/2016	James	Franco	Insurance		126 Amory St #3	Brookline	02446	100.00
2/22/2016	Bernard	Greene	attorney	self	25 Alton Ct #1	Brookline	02446	100.00
3/14/2016	Ken	Kaplan	retired	Comm of MA	95 Babcock Street	Brookline	02446	100.00
3/23/2016	Richard	Leary	retired		776 Newton Street	Brookline	02467	200.00
3/14/2016	Fred	Lebow	accountics engineer	FSL Associates	71 Colchester St	Brookline	02446	100.00
3/16/2015	Ken	Lewis	Real estate investment	Corey Hill Partners LLC	232 Summit Ave #103	Brookline	02446	200.00
2/15/2016	Judy	Meyers	attorney	self	75 Clinton Road	Brookline	02445	100.00
3/31/2016	Faith	Michaels	landscaper	Faithful Flowers	108 Upland Rd	Brookline	02445	100.00
3/21/2016	Phyllis	O'Leary	estate sales	O'Leary Antiques Auctions	16 Jamaica Rd	Brookline	02445	75.00
4/7/2016	Alden	Raine	Real estate development	Raine Associates Inc	15 Linden St	Brookline	02445	100.00
3/20/2016	Lorin	Rees	owner	Rees Literary Agency	14 Ashville Rd	Chestnut Hill	02467	100.00
2/18/2016	Lynda	Roseman	paraprofessional	Brookline BEEP	49 Ackers Ave	Brookline	02446	100.00
2/20/2016	Michael	Sandman	retired		115 Sewall Ave #4	Brookline	02446	100.00
3/14/2016	Paul	Saner	Commissioner	MA Comm for the Blind	462 Chestnut Hill Ave	Brookline	02445	250.00
3/30/2016	Claire	Stampfer	physician	Cambridge Health Alliance	50 Sargent Crossway	Brookline	02445	500.00
2/15/2016	Rebecca	Stone	consultant	self	71 Toxteth St	Brookline	02446	150.00
3/13/2016	Thomas	Vitolo	consultant	Synapse Energy	153 University Road	Brookline	02445	100.00

4,245.32

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	
3/22/16	Robert Allen	796 Russett Rd Bookline 02467	Kid's table party @ Horseshoe Motel	500.00	
				Line 15: In-kind over \$50	500.00
				Line 16: In-kind \$50 and under	
				Line 17: Total In-kind	500.00

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)	None

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 SEL102: Brookline Supplemental Campaign Finance Report

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

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2016 APR 27 P 1:15

Please print or type all information except signatures

Fill in dates: Reporting period beginning 4 Month 8 Day 16 Year and ending 4 Month 28 Day 16 Year

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

NEIL WISHINSKY
 Full name of candidate
Selectman
 Office sought
20 HENRY ST BROOKLINE MA 02445
 Residential address

COMMITTEE FOR NEIL WISHINSKY SELECTMAN
 Committee name
NEIL GORDON
 Name of committee treasurer
20 HENRY ST BROOKLINE MA 02445
 Committee mailing address

Tel. No. (optional)

Tel. No. (optional)

SUMMARY BALANCE INFORMATION

Line 1: Ending balance from previous report	\$ <u>8333.27</u>
Line 2: Total receipts this period (from page 2, line 11)	\$ <u>175.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>8508.27</u>
Line 4: Total expenditures this period (from page 3, line 14)	\$ <u>947.47</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>7560.80</u>
Line 6: Total in-kind contributions this period (from page 4)	\$ <u>-</u>
Line 7: Total of all outstanding liabilities (from page 4)	\$ <u>7560.80 - 0</u>
Line 8: Name of bank 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 and Brookline By-Laws, sec. 3.1.7.

[Signature] Signed under the penalties of perjury: 4/25/16
 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.

[Signature] Signed under the penalties of perjury: 4/25/16
 Candidate's signature (in ink) Date

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need itemize only those over \$50. Expenditures of \$50 or less 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. If you do so, include your committee name and a page number on each additional page.

Date paid	To whom paid (listed alphabetically)	Address	Purpose of expenditure	Amount	
4/11/16	GREENIEL PRINT SHOP	JANINA PLAIN, MA	CAMPAIGN SIGNS	483	44
4/10/16	PAI CAMPAIGN COMMITTEE	BROOKFIELD, MA	KICKOFF SPONSOR & TRAVEL COSTS	275	80
4/11/16	MR. T. WISLINSKY	20 HENRY ST BROOKFIELD	STICKERS / LABELS	79	99
4/11/16	"	"	WEB HOSTING	109	04
Line 12: Total expenditures of more than \$50 (or listed above)				947	47
Line 13: Total expenditures of \$50 or less (not listed above)*					
Line 14: Total expenditures this period (Enter here and on page 1, line 4)				947	47

*Receipts of \$50 or less may be itemized above. If you do so, include them in line 12 rather than line 13. Line 13 must include only receipts not itemized above.

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	
Line 15: In-kind over \$50 (or listed above)					
Line 16: In-kind \$50 or less (not listed above)					
Line 17: Total in-kind contributions (Enter here and on page 1, line 6)					

*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	
Line 18: Total outstanding liabilities (Enter here and on page 1, line 7)					

SCHEDULE E: DONORS OF \$50 AND LESS

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	6
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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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="52.48"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="196"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="248.48"/>
Line 4: Total expenditures this period (page 3, line 14)	<input type="text" value="100.47"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="148.01"/>
Line 6: Total in-kind contributions this period (page 4)	<input type="text" value="75"/>
Line 7: Total (all) outstanding liabilities (page 5)	<input type="text" value="680"/>
Line 8: Name of bank(s) used:	<input type="text" value="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: (Treasurer's signature) Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury: (Candidate's signature) Date:

Burstein for Brookline
page 1

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Feb 24, 2016	Stanley Rabinovitz	117 Thorndike St., Brookline, MA 02446	Signature collection for renomination papers	75
			Line 15: In-Kind Contributions over \$50 (or listed above)	75
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	75

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address
Telephone Number (optional):

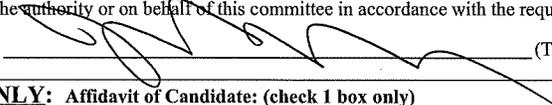
Committee Name

Name of Committee Treasurer

Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="3,189.47"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0.25"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3,189.72"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="38.82"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="3,150.9"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="5,000"/>
Line 8: Name of bank(s) used:	<input type="text" value="Brookline Bank, PayPal"/>

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

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: _____ (Candidate's signature) Date:

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
4/20/2008	Susan Wolf Ditkoff (loan)	145 Mason Terrace, Brookline, MA 02446	Loan from candidate	2,000
4/22/2013	Susan Wolf Ditkoff (loan)	145 Mason Terrace, Brookline, MA 02446	Loan from candidate	3,000
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	5,000



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BROOKLINE
TOWN CLERK

2016 APR 27 P 1:15

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 2016 Ending 4 21 2016

Type of report: (Check one)
 8th day preceding preliminary 18th day preceding election 30 day after election year-end report dissolution

NEIL R. GORDON
Full Name of Candidate (if applicable)
CONSTABLE
Office Sought and District
87 177 ST BROOKLINE
Residential Address

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> </u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>175.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>175.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>175.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u> </u>
Line 6: Total in-kind contributions this period (page 4)	\$	<u> </u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u> </u>
Line 8: Name of bank(s) used		<u>N/A</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:

 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

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	
4/10/16	RAY CAMARON COMMITTEE	Brookline	KICKOFF SPONSORSHIP PLAST OFFSET	175	00
Line 12: Expenditures over \$50				175	00
Line 13: Expenditures \$50 and under*				50	00
Line 14: TOTAL EXPENDITURES				175	00

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 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)
Various	NEW R. GORDON 57 107 ST	175	00	
Line 9: Total receipts in excess of \$50 (or listed above)		175	00	
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		175	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 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				None

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)				None

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.