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

5/13/2015

Reporting Period - Beginning: 4/23/2015 Ending: 5/13/2015

Type of report: 30 day after election

John Dyer	**Committee to Elect John Dyer**
Full Name of Candidate	*Committee Name*
Trustee of Public Library	**Judith Dyer**
Office Sought/ District	*Name of Committee Treasurer*
3 Snowy Circle Dracut, MA 01826	**3 Snowy Circle Dracut, MA 01826**
Residential Address	*Committee Address*

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	**$157.00**
Total receipts this period:	**$0.00**
Subtotal:	**$157.00**
Total expenditures this period:	**$0.00**
Ending Balance:	**$157.00**
Total inkind contributions this period:	**$0.00**
Total outstanding liabilities:	**$0.00**
Name of bank(s) used:	**Jeanne D'Arc**

13 PM 3:28

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, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Judith A Dyer — 5/13/2015
Treasurer's signature (in ink) — **Date**

Affidavit of Candidate (check 1 box only) :

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

☐ **Candidate without Committee OR candidate with independent activity filing separate report.**
I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, inkind 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:

5/13/2015

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over $50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over $50. In addition, the occupation and employer must be reported for all persons who contribute $200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employe
Total Itemized Receipts		$0.00	
Total Unitemized Receipts		$0.00	
Total Receipts		$0.00	

Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over $50 in a reporting period Committees must keep detailed accounts and records of all expenditures, but need only itemize those over $50. Expenditures over $50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
Total Itemized Expenditures		$0.00	
Total Unitemized Expenditures		$0.00	
Total Expenditures		$0.00	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over $50) given by persons who have contributed more than $50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of $200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Itemized Inkind Contributions		$0.00	
Total Unitemized Inkind Contributions		$0.00	
Total Inkind Contributions		$0.00	

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
Total Outstanding Liabilities		$0.00	