Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

FORCIER

page 1 of 4

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2-2-14 Ending Date: 4-28-14

Type of Report: (Check one)

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

JESSE FORCIER
Candidate Full Name (if applicable)

DRACUT HOUSING AUTHORITY
Office Sought and District

45 Belleview Ave Dracut, MA 01826
Residential Address

Telephone Number (optional):

COMMITTEE TO ELECT JESSE FORCIER
Committee Name

SHAUNA FORCIER
Name of Committee Treasurer

45 Belleview Ave Dracut MA
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report: 0

Line 2: Total receipts this period (page 2, line 11): 3230

Line 3: Subtotal (line 1 plus line 2): 3230

Line 4: Total expenditures this period (page 3, line 14): 3221.49

Line 5: Ending Balance (line 3 minus line 4): 8.51

Line 6: Total in-kind contributions this period (page 4):

Line 7: Total (all) outstanding liabilities (page 4):

Line 8: Name of bank(s) used: TD BANK Dracut, MA

RECEIVED TOWN CLERK'S OFFICE 14 APR 28 PM 12:17 KATHLEEN A. GRAHAM TOWN CLERK DRACUT, MA

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: Shauna Forcier (Treasurer's signature) Date: 4/27/14

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

Candidate with 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
☐ 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: Jesse Forcier (Candidate's signature) Date: 4/27/14

SCHEDULE A: RECEIPTS

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

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
2/20/14	Tony Archinski 76 D St Dracut MA	100	
2/20/14	Steve Brox 1471 Methuen St Dracut MA	100	
2/20/14	Robert Forcier 803 Lowell St Methuen MA 01826	500	BROX IND PLANT MANAGER IPSWICH MA
2/20/14	Donna Gagnon 1734 Lakeview Ave Dracut MA	100	
2/20/14	Keith Griffin 8 Walnut St Methuen MA	200	
2/20/14	Brian Martin 29 ELM St Tyngsboro, MA 01879	100	
2/20/14	Paul Michaud 14 Mt Pleasant Ave Dracut MA	150	
2/20/14	CTE GEORGE NANGLE 22 Amesbury St Dracut MA	100	
2/20/14	Russ Taylor 1456 Hildreth St Dracut MA	100	
2/20/14	Charles Wasylak 1216 Methuen St Dracut MA	100	
2/25/14	Deb Dewitt 44 Kenwood Rd Dracut MA	100	
2/25/14	Darrell Gobel 21 Messer Ave Methuen MA	100	

Line 9: Total Receipts over $50 (or listed above)	1750
Line 10: Total Receipts $50 and under* (not listed above)	625
Line 11: TOTAL RECEIPTS IN THE PERIOD	2375 ← 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

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SCHEDULE A: RECEIPTS

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

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
4/6/14	James Gaffney 214 3rd St Lowell MA	100	

Line 9: Total Receipts over $50 (or listed above)	100
Line 10: Total Receipts $50 and under* (not listed above)	755
Line 11: TOTAL RECEIPTS IN THE PERIOD	855 ←▯ 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.

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JESSE FORCIER

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 _____

Line 2: Total receipts this period (page 3, line 11) _____

Line 3: Subtotal (line 1 plus line 2) _____

Line 4: Total expenditures this period (page 5, line 14) _____

Line 5: Ending Balance (line 3 minus line 4) _____

Line 6: Total in-kind contributions this period (page 6) _____

Line 7: Total (all) outstanding liabilities (page 7) _____

Line 8: Name of bank(s) used: _____

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

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

SCHEDULE B: EXPENDITURES

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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/5/14	Doherty Sign Co.	15 Peabody Ave Dracut MA 01826	SIGNS	1062.50
4/17/14	Carbon Colors	1274 lakeview Ave Dracut MA 01826	MAILINGS	1313.76
4/4/14	Carbon Colors	1274 lakeview Ave Dracut MA	TICKETS	111.56
4/24/14	Carbon Colors	1274 lakeview Ave Dracut MA	MAILINGS	700

Line 12: Total Expenditures over $50 (or listed above)	3187.82
Line 13: Total Expenditures $50 and under* (not listed above)	33.67
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	3221.49

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

* 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.

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

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