

## Form CPF M 102: Campaign Finance Report

ommonwealth	Municipal Office of Campaign and	Form Political Finance		
Massachusetts			3	OD P
ile with:  Tity or Town Clerk or Election Commission Please p	print or type all informa	tion, except sign	atures (asign)	Donesie
Fill in dates:				City Clork
	Date Year 3/ 20//	Ending	Month Date 13 31	Year 2012
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day	preceding election	∃30 day after ele	ection	oort
Ronald A. Boucher				
Full Name of Candidate (if applicable)		Committee Name		
Office Sought and District 45 Sarbour St.		Name of Committee Treasurer		
North Adams MA		Committee Mailing Address		
Tel. N	No. (optional)		Tel.	No. (optional)
Line 1: Ending baland Line 2: Total receipts Line 3: Subtotal (line 1) Line 4: Total expendit Line 5: Ending baland Line 6: Total in-kind continue 7: Total (all) outst Line 8: Name of bank(s	this period (page plus line 2) tures this period ce (line 3 minus line 4) ontributions this tanding liabilities	2, line 11)  d (page 3, line 1 period (page	\$ 407.1	
I certify that I have examined this report including attac campaign finance activity, including all contributions, lo and represents the campaign finance activity of all person	ans, receipts, expenditures, d	isbursements, in-kir y or on behalf of t	nd contributions and liabiliti	es for this reporting period
Treasurer's signature (in ink)			Date	
FOR CANDIDAT	E FILINGS ONLY: (C	ANDIDATE MUS	T SIGN BELOW)	
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of certify that I have examined this report including attacts campaign finance activity, of all persons acting under the have not received any contributions, incurred any liability.  Candidate without Committee OR Candidate with I certify that I have examined this report including attact campaign finance activity, including contributions, loan and represents the campaign finance activity of all persons.	ndent of the committee ched schedules and it is, to the the authority or on behalf of ies nor made any expenditure independent activity filing schedules and it is, to the is, receipts, expenditures dist	the best of my knowled this committee in a son my behalf during the best of my knowled the best of my knowled to the best of my knowled to the best of	ledge and belief, a true and accordance with the require ng this reporting period.	complete statement of all