



Commonwealth of Massachusetts

Form CPF 102ND : Campaign Finance Report Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108

(617) 727-8352

CPF ID# N/A

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning May 1 2011 Ending Sept. 9 2011

Type of report: (Check one)

8th day preceding primary 8th day preceding election year-end report dissolution 30 days after special election

Kathryn R. Archard

Full Name of Candidate

City Councilor at Large

Office Sought/District

16 Woodard Ave, Brockton, 02301

Residential Address

(774) 259-4220

Tel. No. (optional)

The Committee to Elect Kate Archard

Committee Name

Jaclyn A. Archard

Name of Committee Treasurer

16 Woodard Ave Brockton, MA 02301

Committee Mailing Address

(774) 259-5565

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>31035.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>31035.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1511.17</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>2123.83</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>MUTUAL BANK, BROCKTON, MA</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:

Jaclyn A. Archard
Treasurer's signature (in ink)

9/8/11
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, 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:

Kathryn R. Archard
Candidate's signature (in ink)

09/08/2011
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, CPF ID# 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 attached			
Line 9: Total receipts in excess of \$50 (or listed above)		3525	00	
Line 10: Total receipts \$50 and under* (not listed above)		110	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3635	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 A: Receipts
The Committee to Elect Kate Archard

DATE RECEIVED	NAME	ADDRESS	AMOUNT	EMPLOYER/OCCUPATION
8/12/11	Byers Sr., Edward	72 Kurland Ave Brockton, MA 02302	200	Retired
5/25/11	Byers, Cindy	74 King Arthur Road N. Easton, MA 02356	500	Owner, Cindy's Kitchen (Brockton, MA)
6/22/11	Carchidi, Barbara	P.O. Box 175 West Bridgewater, MA 02379	500	Owner, ACE Surgical Supply (Brockton, MA)
6/22/11	Carchidi, Ed	P.O. Box 175 West Bridgewater, MA 02379	500	Owner, ACE Surgical Supply (Brockton, MA)
9/1/11	Harwood, Bill	71 Kingman St Brockton, MA 02302	300	Retired
9/1/11	Keenan, Paul	1 Kingsbury Rd Canton, MA 02021	75	
8/8/11	Kubiak, Madelyn	84 Norlen Park Bridgewater, MA 02324	100	
8/12/11	Millett, George	115 Sachem Rock Ave E. Bridgewater, MA 02333	100	
9/1/11	Rosen, Leonard	257 Commonwealth Ave, Apt. 6, Boston, MA 02116	200	Retired
8/4/11	Smitchel, Sydney	20 Hunter's Drive Bridgewater, MA 02324	100	
9/1/11	Westman, Bill	93 Trailwood Dr Bridgewater, MA 02324	75	
9/1/11	Williams, Jean	20 Loop Rd Falmouth, MA 02540	150	
9/1/11	Williams, Lou	20 Loop Rd Falmouth, MA 02540	150	
5/30/11	Zolno, Bill	93 Riverside Drive W. Harwich, MA 02671	175	
9/1/11	Zolno, John	9 Honeysuckle Lane Orleans, MA 02653	150	
8/4/11	Zolno, Richard	146 Cockle Cove Rd S. Chatham, MA 02659	250	Retired
		TOTAL	3525	

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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
	see attached					
				Line 12: Expenditures over \$50	1416	14
				Line 13: Expenditures \$50 and under*	95	03
				Line 14: TOTAL EXPENDITURES	1511	17

Enter on page 1, line 4

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

Schedule B: Expenditures
The Committee to Elect Kate Archard

DATE PAID	TO WHOM PAID	ADDRESS	PURPOSE	AMOUNT
9/1/11	Brockton Library Association	304 Main Street Brockton, MA 02301	entrance fee - candidate event	100
8/5/11	City of Brockton	45 School Street Brockton, MA 02301	fundraising golf tournament deposit	200
8/5/11	Corning Silk Screen Printing Inc.	17 Bishop Lane Rockland, MA 02370	lawn sign printing	843.63
8/5/11	Fall River Modern Printing Co.	798 Plymouth Ave Fall River, MA 02721	flyer printing	60
9/8/11	Steven Archard	6 Woodard Ave Brockton, MA 02301	reimbursement for event catering	212.51
			TOTAL	1416.14

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
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	0

* 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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.