



Commonwealth of Massachusetts

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

2011 SEP 12 A 8:41

File with: Director

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

CPF ID# \_\_\_\_\_

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning <sup>Month</sup> 01 <sup>Date</sup> 01 <sup>Year</sup> 2011 Ending <sup>Month</sup> 08 <sup>Date</sup> 31 <sup>Year</sup> 2011

**Type of report: (Check one)**

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

Patricia A. Joyce

Full Name of Candidate

School Committee - Ward 4

Office Sought/District

122 East St.

Residential Address

Brockton, MA 02302

Tel. No. (optional)

Committee to Elect Patty Joyce

Committee Name

Patricia A. O'Connor

Name of Committee Treasurer

122 East St.

Committee Mailing Address

Brockton, MA 02302

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>142.60</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>- 0 -</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>142.60</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>- 0 -</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>142.60</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>- 0 -</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1269.75</u>
Line 8: Name of bank(s) used	<u>HARBOR ONE Credit Union</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:

Patricia A. O'Connor

Treasurer's signature (in ink)

9-10-11

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:

Patricia A. Joyce

Candidate's signature (in ink)

9/9/11

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)
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		- 0 -	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
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
6/2/05	Joyce, Patricia A	122 EAST ST. BURLINGTON, MA 02302	Candidate Loan	1,269.75
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	1,269.75

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.