



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# _____

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	1	1	11		8	31	11

Type of report: (Check one)

18th day preceding primary 8th day preceding election year-end report dissolution 30 days after special election

Robert F. Sullivan

Full Name of Candidate

City Councillor - At-Large

Office Sought/District

4 Rock Meadow Drive

Residential Address

BROCLTON, MA 02301

Tel. No. (optional)

Committee to Elect Robert Sullivan

Committee Name

Robert E. Sullivan

Name of Committee Treasurer

4 Rock Meadow Drive

Committee Mailing Address

BROCLTON, MA 02301

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>2,161.16</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>6,805.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>8,966.16</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2,427.10</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>6,539.06</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0.00</u>
Line 8: Name of bank(s) used	<u>Rockland Trust</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:

Robert E. Sullivan

Treasurer's signature (in ink)

9-11-11

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:

Robert F. Sullivan

Candidate's signature (in ink)

9-11-11

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)
6/30/11	Albanese, Matthew 20 Copper Beech Cir. West Bridgewater, MA	200	00	Attorney Self-employed
6/30/11	Alexopoulos, Alexandra 9 Oliver St. Randolph, MA	100	00	
6/30/11	Barkhouse, Anne 215 Grove St. Randolph, MA	100	00	
6/27/11	Bearce, William 670 Pleasant St. Braintree, MA	100	00	
6/24/11	Bradley, Committee 427 Main St. Hingham, MA	100	00	
6/29/11	Braintree Firefighters Peoples Comm. 70 Box 868 Braintree, MA	150	00	
6/21/11	Campbell, Roy 216 Fairview Ave. Braintree, MA	100	00	
6/18/11	Carchidi, J. Edward PO Box 175 West Bridgewater, MA	100	00	
6/25/11	Connolly, Edward 265 Moraine St. Braintree, MA	100	00	
6/28/11	Crawford, Helen 332 Plain St. Braintree, MA	100	00	
6/21/11	DeMarco, Robert 34 Rock Meadow Dr. Braintree, MA	100	00	
7/8/11	DiLallo Anthony 37 Rock Meadow Dr. Braintree, MA	100	00	
6/30/11	Foley, Charles Jr. 27 Willard Terr. Randolph, MA	100	00	
6/28/11	Francis, Mary 31 Leah Dr. Braintree, MA	100	00	
6/28/11	Frederick, Laurene 178 Braemar Rd Braintree, MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Re: Committee to Elect —
Robert Sullivan

(* Page 1 of 3 *)
see attached pages

Page 2 (A)

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)
6/30/11	Lawton, Patricia 157 Belmont St. Braintree, MA	100	00	
6/30/11	Luzzi, Anthony 80 Country Club Ln. Braintree, MA	100	00	
6/20/11	Luzzi, Paul 30 Calahad Wy. Easton, MA	100	00	
6/30/11	McNulty, Arthur 44 Tiffany Cir West Bridgewater, MA	100	00	
6/30/11	McVeish, John 79-1 Skeele Chase Cir. Attleboro, MA	75	00	
6/30/11	More, Margaret 10 Braemar Rd Braintree, MA	200	00	Nurse Braintree Neighborhood Health
7/7/11	Munies, Kenneth 7 Ellenville Rd. Plymouth, MA	200	00	Attorney/CEO Education, INC.
6/24/11	O'Donnell, Robert 115 Boston St Boston, MA	100	00	
7/1/11	Paone, Nicholas 1 Red Mill Rd South Easton, MA	100	00	
7/14/11	Reppoff, William 173 Huchins Ave. Quincy, MA	100	00	
6/21/11	Roukous, Mark 16 Harlan Cir. Braintree, MA	100	00	
6/28/11	Sers, Richard 854 Belmont St. Braintree, MA	100	00	
6/21/11	Sheehan, Joan 60 Elmer Rd. Weymouth, MA	100	00	
7/1/11	Skavinsky, Stephen 370 Highland Ave Randolph, MA	100	00	
6/24/11	Smith, Mal Kenzie 154 Elm St Easton, MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Re: Committee to Elect
Robert Sullivan

(* Page 2 of 3 *)
see attached pages

Page 2 (B)

SCHEDULE A: RECEIPTS

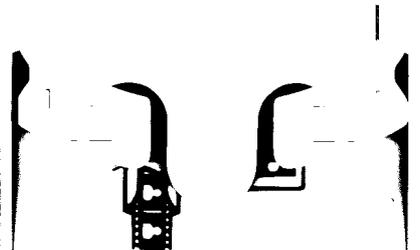
M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must 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)
8/10/11	Stadelmann, Joseph 70 Box 367 Boston, MA	100	00	
7/27/11	Tom Kennedy Committee 92 Winthrop St. Braintree, MA	100	00	
7/5/11	Twoniss, John 90 Samuel Ave. Braintree, MA	200	00	Attorney Goulston-Storrs, P.C.
6/30/11	Waldron, Mary 54 Sylamore St Braintree, MA	100	00	
7/16/11	Youns, Simon 16 Westward Ave. Braintree, MA	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		3925	00	
Line 10: Total receipts \$50 and under* (not listed above)		2880	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6805	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.

Re: Committee to Elect Robert Sullivan (Page 3 of 3*) Page 2 (11)



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	
4/27/11	Golf Tours, LLC	22 Lafayette Dr. Marlborough, MA	city political event/outings ticket purchase	155	00
6/13/11	Postmaster	Brockton, MA	campaign postage	132	00
7/7/11	Thorny Lea Golf Club	159 Torrey St. Brockton, MA	campaign kick-off food / rental	1347	10
3/16/11	Trinity Catholic Academy	37 Erie Ave. Brockton, MA	contributions/ charity fundraiser	100	00
6/27/11	Trinity Catholic Academy	37 Erie Ave. Brockton, MA	contributions/ charity fundraiser	200	00
Line 12: Expenditures over \$50				1934	10
Line 13: Expenditures \$50 and under*				493	00
Line 14: TOTAL EXPENDITURES				2427	10

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 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
—	—	—	—	\$ 0.00
Line 15: In-kind over \$50				—
Line 16: In-kind \$50 and under				—
Line 17: Total In-kind				\$ 0.00

Enter on page 1, line 6

* 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
—	—	—	—	\$ 0.00
Line 18: OUTSTANDING LIABILITIES (ALL)				\$ 0.00

Enter on page 1, line 7

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.