



Commonwealth of Massachusetts

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

2011 OCT 12 PM 12:13

File with: Director

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

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

(617) 727-8352

Please print or type all information, except signatures.

Fill in dates:	Month	Date	Year	Month	Date	Year
Reporting Period Beginning	01	01	2011	Ending	08	31 2011

Type of report: (Check one)

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

Thomas G. Brophy  
Full Name of Candidate  
Councillor-At-Large / Brockton  
Office Sought/District  
21 Bates Street  
Residential Address  
Brockton, MA 02302  
Tel. No. (optional)

Comm. to Elect Thomas Brophy  
Committee Name  
Kevin Brophy  
Name of Committee Treasurer  
476 Crescent Street  
Committee Mailing Address  
Brockton, MA 02302  
Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 139 <sup>90</sup>
Line 2: Total receipts this period (page 2, line 11)	\$ 250 <sup>00</sup>
Line 3: Subtotal (line 1 plus line 2)	\$ 389 <sup>90</sup>
Line 4: Total expenditures this period (page 3, line 14)	\$ 331 <sup>00</sup>
Line 5: Ending balance (line 3 minus line 4)	\$ 58 <sup>90</sup>
Line 6: Total in-kind contributions this period (page 4)	\$ 0 <sup>00</sup>
Line 7: Total (all) outstanding liabilities (page 4)	\$ 0 <sup>00</sup>
Line 8: Name of bank(s) used	<u>Crescent 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:

Kevin Brophy  
Treasurer's signature (in ink)

09/09/2011  
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:

Thomas G. Brophy  
Candidate's signature (in ink)

9-09-2011  
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)
08/13/11	Mary T. Brophy 476 Crescent Street Brookton, MA 02302	200	00	Physician VA Boston Healthcare System
Line 9: Total receipts in excess of \$50 (or listed above)		200	00	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		50	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		250	00	

\* 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	

\* 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)	

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.