



Form CPF 102ND : Campaign Finance Report

Office of Campaign and Political Finance

2011 SEP 15 A 030

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 June 1 2011 Ending August 31 2011

Type of report: (Check one)

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

MOTTY J. Sullivan

Full Name of Candidate

SCHOOL COMMITTEE WARD 7

Office Sought/District

9 PAYTON COURT BROCK, MA

Residential Address 02301

(508) 586 3848

Tel. No. (optional)

COMMITTEE TO ELECT TIM SULLIVAN

Committee Name

DERBIE M DINEEN

Name of Committee Treasurer

9 PAYTON COURT BROCK, MA 02301

Committee Mailing Address

(508) 586 3848

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 17.05
 Line 2: Total receipts this period (page 2, line 11) \$ 1350.00
 Line 3: Subtotal (line 1 plus line 2) \$ 1367.05
 Line 4: Total expenditures this period (page 3, line 14) \$ 685.03
 Line 5: Ending balance (line 3 minus line 4) \$ 682.02

Line 6: Total in-kind contributions this period (page 4) \$ 0

Line 7: Total (all) outstanding liabilities (page 4) \$ 0

Line 8: Name of bank(s) used COMMUNITY BANK
1285 BELMONT ST BROCK, MA 02301

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:

Deborah Dineen

Treasurer's signature (in ink)

9/12/2011

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:

Motly J. Sullivan

Candidate's signature (in ink)

9/12/2011

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)
JUNE 16 2011	THOMAS P KENNEDY 92 WINTHROP ST BROCKTON MA 02301	75	00	
JUNE 16 2011	ERNEST PETTIFORD 1159 N. MONTELLO ST BROCKTON MA	200	00	CONSTRUCTION COMPANY OWNER BROCKTON
JUNE 16 2011	RICHARD J. SEEGI 854 BELMONT ST BROCKTON MA	100	00	EX DIRECTOR BROCKTON HOUSING AUTHORITY BROCKTON
				
Line 9: Total receipts in excess of \$50 (or listed above)		375	00	
Line 10: Total receipts \$50 and under* (not listed above)		975	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1350	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 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		
JUL 16 2011	JOE ANGELO JOE ANGELO'S CAFE	142 MAIN ST. BROCKTON, MA 02301	RENT HALL + BAND FUNDRAISER	200	00	
AUG 13 2011	JOE McDONALD Comm To ELEC	24 Long Pond Road Plymouth, MASS	FUNDRAISER	125	00	
/						
				Line 12: Expenditures over \$50	325	00
				Line 13: Expenditures \$50 and under*	360	03
				Line 14: TOTAL EXPENDITURES	685	03

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
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
Line 17: Total In-kind				0

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
Line 18: OUTSTANDING LIABILITIES (ALL)				0

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.