



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTIONS COMMISSION

2014 JAN -8 A 8:52

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures

Fill in dates:

Reporting Period Beginning October 19 2013 Ending December 31 2013

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

TIMOTHY J. SULLIVAN

Full Name of Candidate (if applicable)

Councilor WARD 7

Office Sought and District

9 PAYTON COURT 1ST FLOOR

Residential Address

(508) 586-3848

Tel. No. (optional)

Committee To Elect Tim Sullivan

Committee Name

DEBORAH A. DINEEN

Name of Committee Treasurer

9 PAYTON COURT 1ST FLOOR

Committee Mailing Address

(508) 586-3848

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | | |
|----------------------------------------------------------|----|----------------------------------------------------------|
| Line 1: Ending balance from previous report | \$ | <u>1209.58</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ | <u>840.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ | <u>2049.58</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ | <u>524.06</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ | <u>1525.52</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>EASTERN BANK</u> <u>BELMONT STREET 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:

Deborah A Dineen

Treasurer's signature (in ink)

1-5-2014

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 including 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 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 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:

Timothy J Sullivan

Candidate signature (in ink)

01-05-14

Date

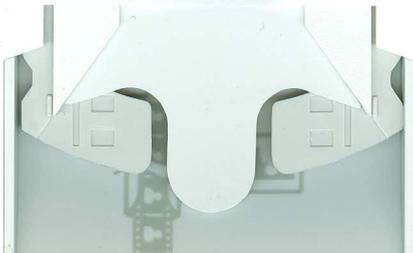
SCHEDULE A: RECEIPTS

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 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) |
|------------------------------------------------------------|-----------------------------------------------------------------|--------|----|---------------------------------------------------------------|
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| Line 9: Total receipts in excess of \$50 (or listed above) | | | \$ | |
| Line 10: Total receipts \$50 and under* (not listed above) | | \$840 | 00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | \$840 | 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 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 contribution is \$200 or more, 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 and a page number on each page.