



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

ELECTIONS COMMISSION

Commonwealth of Massachusetts

File with:  
City or Town Clerk or Election Commission

2015 JAN 20 P 4:20

Please print or type all information, except signatures.

### Fill in dates:

Reporting Period Beginning Jan 1 <sup>Month</sup> 2014 <sup>Year</sup> Ending Dec 31 <sup>Month</sup> 2014 <sup>Year</sup>

### Type of report: (Check one)

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

Anne Beauregard

Full Name of Candidate (if applicable)

City Council Ward 5

Office Sought and District

Residential Address

37 Franklin St

Dorchester 02203 Tel. No. (optional)

Committee to Elect Anne

Committee Name

Beauregard Ward 5 City Council

Name of Committee Treasurer

Yashin Carter

Committee Mailing Address

508-584-6919

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>20.37</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>65.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>85.37</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>50.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>35.37</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>Webster Bank</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:

Treasurer's signature (in ink)

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.

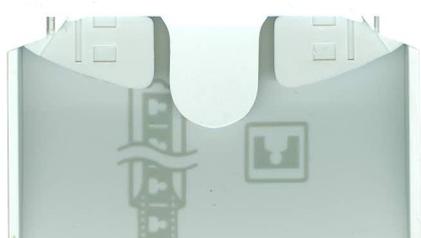
Candidate without Committee OR Candidate with independent activity filing separate report

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:

Candidate signature (in ink)

Date



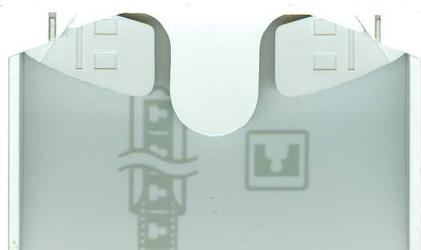
**SCHEDULE A: RECEIPTS**

*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)
5/	Anne Beauregard 37 Anawan St Boston MA 02307	65.00	Anne Beauregard (unemployed)
	(to cover bank fees)	\$5.00 a month	
Line 9: Total receipts in excess of \$50 (or listed above)		65.00	
Line 10: Total receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		65.00	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				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

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.

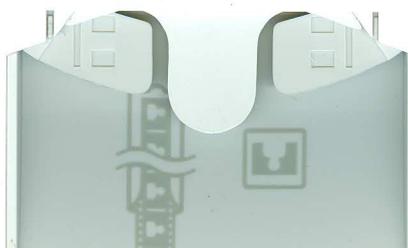
### SCHEDULE D: LIABILITIES

*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)				

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.



ALL ITEMS ACCEPTED SUBJECT TO VERIFICATION, COLLECTION AND RULES OF WEBSTER BANK, N.A., AS OF BELOW DATE

**Transaction Summary**

Date of Receipt

Time

01/20/2015

10:28:29

Accountholder:

ANNE M BEAUREGARD

Transaction Type

Disbursement Method

Amount

Account Close

CASH

\$35.37

**Account Detail**

From Account	Product	Ending Balance
22223746	WEBSTER eCHECKING	\$0.00
To Account	Product	Ending Balance

**Transaction Detail**
**Savings /CD/ IRA Account Close Detail**

Waived	Description	Amount
	Current Balance	
<input type="checkbox"/>	Penalty	
<input type="checkbox"/>	Admin Fee	
<input type="checkbox"/>	Federal Tax	
<input type="checkbox"/>	State Tax	
<input type="checkbox"/>	Local Tax	
	Fees	
	Projected Payments	
	Accrued Interest	
<b>Closing Balance</b>		<b>\$35.37</b>

**Disclaimer**

The ending balances shown above may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges.

101507

00644 BR Brockton, MA

01/20/2015

