



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 - 7 P 1: 23

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning 01 1 2014 Ending 12 31 2014

CITY OF
BROOKLINE, MA

Type of report: (Check one)

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

Moises m. Rodrigues
Full Name of Candidate (if applicable)

Councillor - at - large
Office Sought and District

234 Summer st
Residential Address

(508) 386-5816
Tel. No. (optional)

Committee to Elect Moises Rodrigues
Committee Name

Manuel Centeio
Name of Committee Treasurer

234 Summer st
Committee Mailing Address

(508) 386-5816
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1036.59

Line 2: Total receipts this period (page 2, line 11) \$ 3673 -

Line 3: Subtotal (line 1 plus line 2) \$ 4709.59

Line 4: Total expenditures this period (page 3, line 14) \$ 2350 -

Line 5: Ending balance (line 3 minus line 4) \$ 2359.59

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 Santander

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:

[Signature]
Treasurer's signature (in ink)

12/30/14
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.

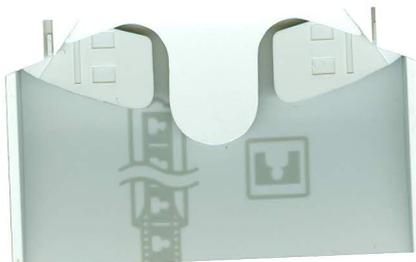
Candidate without Committee OR Candidate with independent activity filing separate report

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.

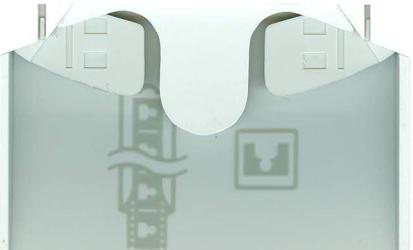
Signed under the penalties of perjury:

[Signature]
Candidate signature (in ink)

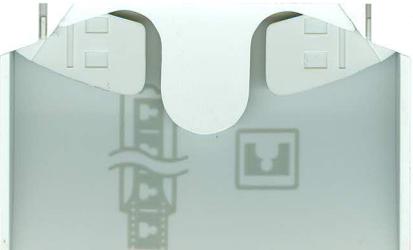
12/30/14
Date



	NAME	RESIDENTIAL ADDRESS	AMOUNT	OCCUPATION & EMPLOYER FOR \$200 PLUS
2/1/2014	Maria Lobo- Andrade	27 Jenkins Place Scituate, Ma 02066	\$50.00	
2/1/2014	Adelino Vicente	20 Packard St Brockton Ma 02301	\$60.00	
2/1/2014	Francisco Baez	405 West Main St Avon., MA 02302	\$200.00	<i>City of Brockton Police Officer</i>
2/1/2014	Manuel Centeio	29 Kenneth Ave Brockton Ma 02302	\$100.00	
2/1/2012	Jose Lobo	30 Maplewood Rd Brockton Ma 02302	\$100.00	
11/7/2014	Brockton Police Association	7 Commerical Street, Brockton Ma 02302	\$250.00	Brockton Police Association
		Cash Donation at door	\$2,913.00	
		Total	\$3,673.00	



DATE	TO WHOM PAID	ADDRESS	REASON	AMOUNT
2/1/2014	Priva	CATERING	food for event	2000
2/1/2014	Ideal Club	E. Beldover	hall for event	350
			Total	2350



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.

