



# Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED AND FILED

JAN 21 2014 20

Office of Campaign and Political Finance 1 o'clock 20 minutes P M

*Marilyn Homeau*  
City Clerk

File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="9,336.91"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="8,461"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="17,797.91"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="15,621.32"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2,176.59"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Adams Community Bank"/>

**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: *Joanne G. DeRose* (Treasurer's signature) Date:

**FOR CANDIDATE FILINGS ONLY: 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's signature) 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.*

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
Oct 20, 2013	Gerard Burke 19 Tamie Way Pittsfield, MA 01201	\$100.00	
Nov 3, 2013	David Crane 241 North Mountain Road Dalton, MA 01226	\$250.00	Owner, Excelsior Printing
Oct 21, 2013	Barry Davis 37 Bellevue Avenue Rye, NY 10580	\$500.00	Principal, Barry Matthew and Catherine Kelly Davis Family Foundation
Nov 4, 2013	Joseph Finnegan 91 Northwest Hill Road Williamstown, MA 01267	\$300.00	Partner, CFB Partners
Nov 3, 2013	Joan Hunter 260 Northwest Hill Road Williamstown, MA 01267	\$500.00	Retired
Oct 31, 2013	Pamela Johnson PO Box 203 Monterey, MA 01245	\$250.00	Retired
Dec 16, 2013	George Kennedy 789 Humboldt Avenue Winnetka, IL 60093	\$250.00	Retired
Oct 28, 2013	Lee Leonesio 44 Highland Avenue North Adams, MA 01247	\$100.00	
Oct 24, 2013	Gregory Loomis 41 Highland Avenue North Adams, MA 01247	\$60.00	
Nov 1, 2013	Bo Peabody 140 Hopper Road Williamstown, MA 01267	\$500.00	Venture Partner, Greycroft Partners
Nov 1, 2013	Katherine Peabody 140 Hopper Road Williamstown, MA 01267	\$500.00	Unemployed
Oct 13, 2013	Jennifer Pendery 4439 Westwood Lane Sarasota, FL 34321	\$500.00	Unemployed
Line 9: Total Receipts over \$50 (or listed above)		<input type="text"/>	
Line 10: Total Receipts \$50 and under* (not listed above)		<input type="text"/>	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<input type="text"/>	← 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 A: RECEIPTS (continued)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
Oct 13, 2013	Kenneth Pendery 4439 Westwood Lane Sarasota, FL 34231	\$500.00	President & CEO, First Watch Restaurants Inc.
Oct 25, 2013	Paul Peppis 206 West 20th Avenue Eugene, OR 97405	\$500.00	Professor, University of Oregon
Nov 1, 2013	Bradley Svrluga 275 Gale Road Williamstown, MA 01267	\$400.00	General Partner, High Peaks Venture Partners
Nov 1, 2013	Laurie Thomsen 45 Old Farm Way Williamstown, MA 01267	\$250.00	Director, Travelors Companies Inc.
Oct 25, 2013	Elizabeth Wadsworth 206 West 20th Avenue Eugene, OR 97405	\$500.00	Unemployed
Oct 21, 2013	Herbert Wilkinson 33 Foucher Avenue North Adams, MA 01247	\$100.00	Retired
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		\$6,060.00	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		\$2,401.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$8,461.00	← 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.*

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b> <small>(include CPF ID# if a contribution to another committee)</small>	<b>Amount</b>
Oct 24, 2013	American Legion	PO Box 251 North Adams, MA 01247	Spaghetti Supper	\$900.00
Nov 1, 2013	Keith Bona	179 North Street North Adams, MA 01247	Postage	\$3,903.36
Nov 14, 2013	Bona Marketing	59 Main Street North Adams, MA 01247	Mailers, Signage	\$5,267.19
Dec 21, 2013	Lynette Ritland Bond	42 Holbrook Street North Adams, MA 01247	Postage	\$61.85
Oct 27, 2013	Drury Band	1130 South Church Street North Adams, MA 01247	Advertising	\$60.00
Nov 30, 2013	Drury High School Girls Basketball	128 Notch Road North Adams, MA 01247	Advertising	\$75.00
Nov 3, 2013	M.J. Ross Group	PO Box 19037 Portland, OR 97280	Robocalls	\$225.52
Nov 5, 2013	MediTerra Restaurant	67 Main Street North Adams, MA 01247	Catering	\$400.00
Oct 30, 2013	Mount Williams Greenhouses	1090 State Road North Adams, MA 01247	Flowers	\$138.82
Dec 13, 2013	Postmaster	67 Summer Street North Adams, MA 01247	Postage	\$276.00
Oct 21, 2013	Quadland's Flowers & Gifts	90 Holden Street North Adams, MA 01247	Flowers	\$82.69
Nov 16, 2013	The Beacon Newspaper	375 Church Street North Adams, MA 01247	Advertising	\$160.00
Line 12: Total Expenditures over \$50 (or listed above)				<input type="text"/>
Line 13: Total Expenditures \$50 and under* (not listed above)				<input type="text"/>
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<input type="text"/>

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b> <small>(include CPF ID# if a contribution to another committee)</small>	<b>Amount</b>
Oct 24, 2013	The Party Place	27 Eagle Street North Adams, MA 01247	Supplies	\$100.89
Oct 24, 2013	The Transcript	85 Main Street #2 North Adams, MA 01247	Advertising	\$1,500.00
Oct 25, 2013	Vox Radio Group	211 Jason Street Pittsfield, MA 01201	Advertising	\$2,220.00

Line 12: Expenditures over \$50 (or listed above)	\$15,371.32
Line 13: Expenditures \$50 and under* (not listed above)	\$250.00
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>\$15,621.32</b>

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	0

\* 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.





Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: Nov 1, 2013

Name of Individual Being Reimbursed: Keith Bona

Committee Name: Committee to Elect Alcombright

CPF ID Number (if applicable): \_\_\_\_\_ Telephone Number (optional): \_\_\_\_\_

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/1/13	Postmaster	67 Summer St. N. Adams, MA 01247	Postage	\$1044.80
10/31/13	Postmaster	67 Summer St. N. Adams, MA 01247	Postage	\$206.40
10/30/13	Postmaster	67 Summer St. N. Adams, MA 01247	Postage	\$794.88
10/21/13	Postmaster	67 Summer St. N. Adams, MA 01247	Postage	\$937.92
10/13/13	Postmaster	67 Summer St. N. Adams, MA 01247	Postage	\$919.36
(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):			3903.36
	Line 2: Expenditures \$50 or under (not itemized):			0
	Line 3: TOTAL AMOUNT REIMBURSED:			3903.36

Signed under the penalties of perjury:

Janice A. Rose  
Signature of Candidate / Treasurer

Date: 1-18-14

Please prepare a separate report for each reimbursement check issued by the committee.





Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 12-21-13

Name of Individual Being Reimbursed: Lynette Ritland Bond

Committee Name: Committee to Elect Alcombright

CPF ID Number (if applicable): \_\_\_\_\_ Telephone Number (optional): \_\_\_\_\_

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<u>0</u>
Line 2: Expenditures \$50 or under (not itemized):	<u>61.85</u>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b><u>61.85</u></b>

Signed under the penalties of perjury:

*Jane DeLoe*  
Signature of Candidate / Treasurer

Date: 1-18-14

Please prepare a separate report for each reimbursement check issued by the committee.