Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

TOWN CLERK'S OFFICE
ABINGTON, MA
RECEIVED

2012 JAN 19 AM 10: 30

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4-29-2011 Ending Date: 12-31-2011

Type of Report: (Check one)

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

	Abington ReAct
Candidate Full Name (if applicable)	Committee Name
	Wendy J. George
Office Sought and District	Name of Committee Treasurer
	P.O. Box 116, Abington, MA 02351
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): (781) 792-1712

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2,125
Line 3: Subtotal (line 1 plus line 2)	2,125
Line 4: Total expenditures this period (page 5, line 14)	2,125
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Abington 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: Wendy J. George (Treasurer's signature) Date: 1/15/2012

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: _____ (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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
5-21-2011	Bernache, David 62 Lincoln St Abington, MA 02351	200	Email sent 5-25-2011
5-16-2011	Daly, Paul 294 Lincoln St Abington, MA 02351	200	Electrician, Mass College of Pharmacy
5-9-2011	Ford, Thomas 17 Adley Dr Abington, MA 02351	200	Retired
5-9-2011	George, Wendy 24 Adley Dr Abington, MA 02351	200	Retired
5-25-2011	Hajjar, Jami 14 Adley Dr Abington, MA 02351	200	Registered Nurse, United Health Care
6-3-2011	LaPointe, Glenn 311 Lincoln St Abington, MA 02351	200	Contractor, Glenn Lapointe Inc
5-25-2011	McCarthy, Kim 306 Lincoln St Abington, MA 02351	200	Email sent 5-25-2011
5-8-2011	Pray, Linda 298 Lincoln St Abington, MA 02351	200	Registered Nurse, South Shore Hospital
5-8-2011	Quinn, Debra 4 Christiansen Cir Abington, MA 02351	200	Hair Stylist, Louis Anthony Salon
5-14-2011	Walsh, John 99 Crossley St Abington, MA 02351	200	President, Independence Insurance Agency Inc.

Line 9: Total Receipts over $50 (or listed above)	2,000	
Line 10: Total Receipts $50 and under* (not listed above)	125	
Line 11: TOTAL RECEIPTS IN THE PERIOD	2,125	← 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5-27-2011	Blais & Parent, Attorneys at Law	20 Cabot Business Park 20 Cabot Blvd Mansfield, MA 02048	Legal Fees	1,124
6-27-2011	Blais & Parent, Attorneys at Law	" "	Legal Fees	375
11-3-11	Blais & Parent, Attorneys at Law	" "	Legal Fees	626
		Line 12: Total Expenditures over $50 (or listed above)		2,125
		Line 13: Total Expenditures $50 and under* (not listed above)		0
		Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**		2,125

* 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* 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
				0

Line 15: In-Kind Contributions over $50 (or listed above)	0
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	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.

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
				0

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0