



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

SHERBORN MA

File with: City or Town Clerk or Election Commission
2015 MAY -6 AM 11:50

Fill in Reporting Period dates: Beginning Date: 3/4/15 Ending Date: 5/2/15

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

CAROLE D. NAPPLE
TOWN CLERK

Rebecca O'Sullivan Hunnewell, M.D.
Candidate Full Name (if applicable)
Board of Health
Office Sought and District
104 Woodland St, Sherborn, MA
Residential Address
Telephone Number (optional): 508-653-1052

Board of Health is About Health
Committee Name
George L. Hunnewell
Name of Committee Treasurer
104 Woodland St, Sherborn, MA
Committee Mailing Address
Telephone Number (optional): 508-653-1052

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>20.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>20.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>10.64</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 9.36</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Wellsfargo 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: [Signature] (Treasurer's signature) Date: 5/1/15

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: Rebecca O'Sullivan Hunnewell, M.D. (Candidate's signature) Date: 5/4/15



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

SHERBORN MA

2015 JUN 11 AM 11:59
File with: City or Town Clerk or 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

CAROLE B. MARPLE
TOWN CLERK

Candidate Full Name (if applicable)

Office Sought and District

Residential Address
Telephone Number (optional):

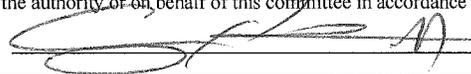
Committee Name

Name of Committee Treasurer

Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="9.36"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="9.36"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="9.36"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="288"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Wellesley 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:  (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:  (Candidate's signature) Date:



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

4/1/15

Ending Date:

6/1/15

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

PETER LIFFITON
Candidate Full Name (if applicable)

BOARD OF HEALTH, SHERBORN
Office Sought and District

19 TOPPING-BROOK RD.
Residential Address

Telephone Number (optional):

N/A
Committee Name

N/A
Name of Committee Treasurer

N/A
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 0.0

Line 2: Total receipts this period (page 3, line 11)

\$ 0.0

Line 3: Subtotal (line 1 plus line 2)

\$ 0.0

Line 4: Total expenditures this period (page 5, line 14)

\$ 455.60

Line 5: Ending Balance (line 3 minus line 4)

(\$ 455.60)

Line 6: Total in-kind contributions this period (page 6)

\$ 0.0

Line 7: Total (all) outstanding liabilities (page 7)

\$ 0.0

Line 8: Name of bank(s) used: NOT APPLICABLE - CASH

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)

Date:

5/30/15

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

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Signed under the penalties of perjury:

[Signature] (Candidate's signature)

Date:

5/30/15

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
5/7/15	ALL STAR PRESS	51 COLING DR. FRAMINGHAM	POST CARD MAILING	\$450.00
5/9/15	HOME DEPOT	NORFOLK, MA	WOOD LATH FOR HOLDING SIGNS	\$5.60
Line 12: Total Expenditures over \$50 (or listed above)				450
Line 13: Total Expenditures \$50 and under* (not listed above)				5.60
Line 14: TOTAL EXPENDITURES IN THE PERIOD				455.60

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.



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CAROLE B. MARPLE
TOWN CLERK

Rebecca O'Sullivan Hunnewell, M.D.
Candidate Full Name (if applicable)
Board of Health
Office Sought and District
104 woodland st, sherborn, MA
Residential Address
Telephone Number (optional): 508-653-7052

Board of Health is About Health
Committee Name
George L. Hunnewell
Name of Committee Treasurer
104 woodland st, sherborn, MA
Committee Mailing Address
Telephone Number (optional): 508-653-7052

SUMMARY BALANCE INFORMATION:

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Line 8: Name of bank(s) used:	<u>Wellsfargo Bank</u>

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Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 5/1/15

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Signed under the penalties of perjury: Rebecca O'Sullivan Hunnewell, MD (Candidate's signature) Date: 5/4/15

