

Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF OF CANDIDATES, PACS OR PARTY COMMITTEES

CAMPAIGN & POLITICAL

d Political Finance

Office of Campaign an One Ashburton Place Boston, MA 02108 (617) 727-8352	d Pontical Finance				
Fill in dates: Re	eporting Period Beginning:	1/1/08	Ending: 12/3/	108	
□ 8 th day preced	ling primary	Committees - Type of Report	t: (Check one)	y 20th Filing	
Municipal Cand ☐ 8 th day preceding	didates -Type of Report: (Cong primary ☐ 8 th day precedir	Check one) ng election □ 30 days after elect	ion (Towns only) 🏻 Ja	anuary 20 th	
1. Name of Association or Group Massachusetts Nurses Association					
2. Address		240 Turnpike St. Canton, MA 0202			
3. Name and Title of Principal Officers Sulie Pinkham Beth Piknick			m, Exec. Dir. President		
Determination o	2. 1 3. T	Total gross revenues of previous calendar year 10% of line 1 or \$15,000, whichever is less \$1\psi_1\ps			
*If line 3	exceeds line 2, reports are required	d for the stated calendar year.	le.	•	
POLITIC		D CONTRIBUTIONS TO C h additional pages if necessary		MITTEES	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose	Amount or Value**	
	Pleaseser	Hachod Chart			
	,				
		Total avnonditures/contribution	ns on this report	\$79.57.08	
Total expenditures/contributions on this report Total expenditures/contributions previously reported				#79,527.08	
		Total expenditures/contributio	ns to date	679,527.08	

^{**}In-kind contributions should also be included here.

LIABILITIES*

Date Incurred	To Whom Due	Address	2009 JAN 25 A 10: Purpose CAMPAIGN & POLITIC	
			FINANCE	n
	2	2901		
		70		
(2)	• 0	Total liabilities on this report		9
¥		Liabilities previously re	Ø.	
		Total outstanding liabi	\$	

- * A liability exists and must be reported if the association or group has received a good or service that it has not paid for, even if the association or group has not received a bill or invoice. If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."
- ** Final report must show zero liabilities.

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose and full name and address of the person to who it was made.

Signed under the penalties of perjury.

Signature of officer

WHO NEEDS TO FILE THIS FORM? Once an organization has made political contributions or expenditures or incurred liabilities to support candidates or political committees in excess of the "incidental threshold" (i.e., \$15,000 or 10% of such organization's gross revenues for the previous year, whichever is less), a duly qualified officer must file this report. The report must disclose all contributions and expenditures made and liabilities incurred during the calendar year. The obligation to file a report continues for each year thereafter until the year after a year in which the incidental threshold is not reached.

WHERE SHOULD THIS FORM BE FILED?

<u>State and County Candidates or Committees</u>: If contributions or expenditures are made to support or oppose state or county candidates or committees this form should be filed with OCPF.

Municipal Candidates or Committees: If contributions or expenditures are made to support or oppose municipal candidates or committees this form should be filed with the city or town clerk or election commission.

WHERE CAN I GET MORE INFORMATION?

OCPF Interpretive Bulletin IB-88-01 Call OCPF at (617) 727-8352 or (800) 462-OCPF

FORM CPF 111

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Political Expenditures and Contributions to Candidates/Committees

CAMPAIGN & POLITICAL FINANCE

Date	To Whom	Address	Purpose	Amount
4/16/08	Massachusetts Nurses PAC	340 Turnpike S. Canton, MA 02021	Donation	\$6,000.00
9/11/08	Various legislative Candidat (Please see attached Forms 1		endent Expenditures	\$22,567.08
10/24/08	Various legislative Candidat (Please see attached Forms 1		endent Expenditures	\$50,960.00
	Total evnene	lituvos/contributions	on this roport	\$70 527 NS
	Total expenditures/contributions on this report Total expenditures/contributions previously reported Total expenditures/contributions to date			\$79,527.08 \$79,527.08 \$79,527.08