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

Office of Campaign and Political Finance Commonwealth of Massachusetts For State or County Activity: For Municipal Activity: File with Director File with City or Town Clerk Office of Campaign and Political Finance or Local Election Commission One Ashburton Place, Room 411 Boston, MA 02108 Reporting Period: to: ///6/2017 (MM/DD/YYYY) Type of Report: 8th day preceding primary/preliminary 8th day preceding election 30th day after election July 20th January 20th State / County Candidates, PACs & Party Committees On behalf of: Municipal Candidates Name of Association or Group: Name & Title of Principal Officers: Olygan, President City / State / Zip: Determination of incidental threshold: 1. Total gross revenues of previous calendar year: 2. 10% of line 1 or \$15,000, whichever is less: 3. Total expenditures, donations to committees and liabilities incurred during calendar year: \$ If line 3 exceeds line 2, reports are required for the stated calendar year. POLITICAL EXPENDITURES AND CONTRIBUTIONS TO CANDIDATES/COMMITTEES (attach additional pages is necessary); To Whom Paid Purpose Amount **Date Paid** (Alphabetical listing) Address (Check box if Inkind Contribution) or Value\* Total expenditures/contributions on this report: Total expenditures/contributions previously reported:

Total expenditures/contributions to date

<sup>\*</sup>Inkind contributions (donations of goods or services) should be included in this list.

#### LIABILITIES\*:

Date Incurred	To Whom Due	Address	Purpose	Amount
	NA			
			Total liabilities on this report	t:
		Total liabilit	ies previously reported and currently outstanding	g
			Total outstanding liabilities**	
				/

- \* 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."
- \*\* The 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 whom it was made.

Signed-under the penalties of perjury:

Signatura of the sail

Date

(MM/DD/VVV

Name

### 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 <u>all</u> 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?

State and County Candidates or Committees: 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?

You can view or download OCPF Interpretive Bulletin IB-88-01 from the Legal Resources section of OCPF's website at www.mass.gov/ocpf.

Call OCPF at (617) 979-8300 or (800) 462-OCPF.

04/18/2017	10/31/2017	09/20/2017	06/01/2017	11/14/2017	06/13/2017	05/10/2017	05/10/2017	04/18/2017	05/10/2017	03/15/2017	05/10/2017	10/31/2017	05/10/2017	06/28/2017	06/13/2017	05/10/2017	11/14/2017	05/10/2017	06/07/2017	07/10/2017	Carr
William Galvin Committee	Andy Vargas Committee	Andy Vargas Committee	The Massachusetts Democratic Party	Sue Chalifoux Zephir Committee	Paul Feeney Committee	Paul Brodeur Committee	Michael Brady Committee	Maura Healey Committee	Marc Pacheco Committee	Linda Dorcena Forry Committee	Karen Spilka Committee	John Barrett Committee	Jason Lewis Committee	James O'Day Committee	Jack Patrick Lewis Committee	Elect Sal DiDomenico Committee	Denise Garlick Committee	Democratic Senate Political Committee	Democratic House Committee	Cindy Friedman Committee	Nallie
444 Washington Street Brighton, MA 02135	92 Perkins Court Haverhill, MA 01832	92 Perkins Court Haverhill, MA 01832	PO Box 15 Boston, MA 02137	437 West Street Leominster, MA 01453	182 North Street Foxborough, MA 02035	59 Howard Street Melrose, MA 02176	PO Box 4553 Brockton, MA 02303	78 Rice St Cambridge, MA 02140 USA	7 Dartmouth Street Taunton, MA 02780	110 Richmond Street Dorchester, MA 02124	25 Amherst Road Hopkinton, MA 01748	201 East Main Street North Adams, MA 01247	PO Box 253 Winchester, MA 01890	6301 Halcyon Drive Worcester, MA 01606	10 Lilian Road Framingham, MA 01701	24 Beacon St Room 208 Boston, MA 02133	24 Beacon St Room 33 Boston, MA 02133	PO Box 15 Boston, MA 02137	PO Box 15 Boston, MA 02137	PO Box 355 Arlington, MA 02476	Autess
e 69	↔	₩	49	€	↔	€9	€9	€9	€9	↔	↔	↔	↔	↔	€9	↔	↔	€	↔	↔	1.
500.00	200.00	300.00	5,000.00	500.00	500.00	250.00	500.00	500.00	250.00	500.00	500.00	500.00	250.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	Carry Court

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

Commonwealth of Massachusetts

Office of Campaign and Political Finance

For State or Cour File with Directo Office of Campai One Ashburton P Boston, MA 0210	nty Activity: r ign and Political Finance lace, Room 411		Fil or L	For Municipal Activity le with City or Town Cler local Election Commission
	Reporting Period:	from: 01/01/1017 to: (MM/DD/YYYY)	11/16/2017 MM/DDAYYYY)	
Type of Report	8th day preceding primary/prelim	inary 8th day preceding election	n 30th day after election July 2	Oth January 20th
On behalf of:	State / County Candidates, PAC	Cs & Party Committees or	Municipal Candidates	
]	ciation or Group: <u>Massache</u>	iseHs AFI-C10	1 // /	
Name & Title of Mailing Address	of Principal Officers:		ouis Mandarin, Yecretary	Treasurer
Manning Address	So 1 Main Sweet	City / State	Table Malden, MA O	2148
Determination of	of incidental threshold:	tal gross revenues of previous calend	lar year:	\$
	2. 10	% of line 1 or \$15,000, whichever is	less:	\$ 15,000
	3. To	tal expenditures, donations to commi	ittees and liabilities incurred during calenda	r year: \$ <u>17,150</u>
L	If line 3 excee	ds line 2, reports are required for t	the stated calendar year.	
POLITICAL EX	XPENDITURES AND CONTRIBUTIO	NS TO CANDIDATES/COMMITTI	EES (attach additional pages is necessary):	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose (Check box if Inkind Contribution)	Amount or Value*
	See Attacked		ŧ	
			Total expenditures/contributions on this	report: 3,400
		To	tal expenditures/contributions previously re	ported:
erute e			Total expenditures/contributions	to date: 17,150
Tinkina contribi	itions (donations of goods or services) sl	nould be included in this list.		

### LIABILITIES\*:

Date				
Incurred	To Whom Due	Address	Purpose	Amount
	UA			
			Total liabilities on this report	:
		Total liabilitie	es previously reported and currently outstanding	
			Total outstanding liabilities**	4
				,

- \* 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."
- \*\* The 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 whom it was made.

Signed under the penalties of perjury:

Signature of Officer

Date: / / / / /

(MM/DD/YYYY)

Steven A. Tolman

## WHO NEEDS TO FILE THIS FORM?

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Amount	8	20:00	\$ 500.00	\$ 500.00	\$ 200.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 200.00	\$ 3,400.00
Address	AFE Mais Chrost Wormster MA 04808	אכט ואומויו סוופפן איטוסטיפן, ואיט סוספן	4 Autumn Street Worcester, MA 01603	PO Box 84 Boston, MA 02137	77 Salem Street Room H104 Malden, MA 02148	3 City Hall Square Room 408 Lynn, MA 01901	9 Pine Road Lynn, MA 01904	PO Box 391994 Cambridge, MA 02130	PO Box 600448 Newton, MA 02460	
Name	cotinuacy applied oribacy	Califord Calibor Collining	Krystian King Committee	Robert Consalvo Committee	Nichole Mossalam Committee	Pete Capano Committee	Tom McGee Committee	Richard Harding Committee	Scott Lennon Committee	
Date	740000440	1107/01/20	10/31/2017	09/13/2017	09/14/2017	06/13/2017	08/31/2017	09/14/2017	10/31/2017	