

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

Office of Campaign and Political Finance

	etor paign and Political Finance I Place, Room 411			For Municipal Activity File with City or Town Cleri or Local Election Commission
	Reporting Perio	d: from: $\frac{1}{(MM/DD/YYYY)}$ to: $\frac{1}{(MM/DD/YYYY)}$	12/31/15 M/DD/YKYY)	
Type of Repo	ort: 8th day preceding primary/	preliminary 8th day preceding elec	tion 30th day after election	January 20th
On behalf of:	State / County Candidates,	PACs & Party Committees or	Municipal Candidates	
Name of Ass	ociation or Group:	16E Local 282		
	e of Principal Officers:		nt	
Mailing Add	ira a : A		Cip: Quincy, MA	MA 02169
Determination	n of incidental threshold:	. Total gross revenues of previous calendar	year:	s 2.024,20
	2	. 10% of line 1 or \$15,000, whichever is les	ss:	\$ <u>2, 024,20</u> \$ <u>15,000</u>
	3	. Total expenditures, donations to committe	ees and liabilities incurred during cale	
	If line 3 ex	sceeds line 2, reports are required for the	e stated calendar year.	
POLITICAL	EXPENDITURES AND CONTRIBU	TIONS TO CANDIDATES/COMMITTEE	S (attach additional pages if necessar	ry):
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose (Check box if Inkind Contributio	Amount or Value*
6/19/15	CTE Stanley Rosenbery	AD Box 15 Readville, MA 10137	Contribution	□ M 500
				100 Tion & 20 Ti
				2 G
		Total	Total expenditures/contributions on expenditures/contributions previous	·
		20101	Total expenditures/contribution	

^{*}Inkind contributions (donations of goods or services) should be included in this list.

LIABILITIES*:

Date Incurred	To Whom Due	Address	Purpose	Amount
			Total liabilities on this report:	0
		Total liabilitie	es previously reported and currently outstanding:	
			Total outstanding liabilities**:	0

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

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Mama:

Grey Sorozan

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?

State, county and municipal candidates and committees who file with OCPF: If contributions or expenditures are made to support or oppose candidates or committees who file with OCPF, this form should be filed with OCPF.

Municipal candidates and committees who do not file with OCPF: If contributions or expenditures are made to support or oppose candidates or committees who file with local election officials, 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.ocpf.us.

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

^{*} 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.