

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 ar One Ashburton Place Boston, MA 02108 617) 727-8352 | nd Political Fi | nance | | | | | | | | | | |
|---|--------------------------|-------------------------------|---------------------------|---|--------------------------------|--------------------|-----------|---------------|-----------------------|-------------------|------------------------|-----------------|
| Fill in dates: Re | eporting P | eriod Be | eginning: | 1/1 | /11 | | | Endi | ng: /7 | /31 | 111 | |
| State/County C | ding primar | у | | □ 8 th | day prece | ype of ding ele | Repor | t: (Cl | neck one) | anuary | 20 th | |
| Municipal Can □ 8 th day precedi | didates -T ng primary | ype of □ 8 th c | Report: (0 lay precedi | Check on the character of the character | one) ion 30 | days af | ter elec | tion (| Towns only) | □ Jar | nuary 20 th | |
| . Name of Asso | ciation or (| Group | | <u></u> | SEIL | / 4 | loca | , | 509 Vater Prasi | | | |
| . Address | | | | | 100 | Talco | rr A | ne | Vater | town, | MA OZ | 2 }- |
| . Name and Titl | e of Princi | pal Offi | icers | | Usan. | To | 15.90 | wat, | Prasi | den, | 012 SE | MP/ |
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| Determination of | of incidenta | al thresh | | | oss reven line 1 or S | | | | endar year is less | \$ <i>`</i> \$ | 1500H 92 | B |
| | | | | | penditure pilities du | | | | mittees | \$ | 2,000 | CAL. |
| *If line 3 | exceeds line | 2, reports | s are require | d for the | stated cale | ndar year | r. | | , | | | |
| POLITIC | AL EXPE | ENDITU | | • | NTRIBU | | | | IDATES/ | COM | MITTEES | |
| Date Paid | 1 | Whom I abetical I | Paid | | Addr | | · | | Purpose | | Amount or Value** | |
| 12/20/11 | CIE | سند | O'Pay | | Halepo scesm _e n | | 604 | La | tribunu- | , | 2000.00 | - * |
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| | | | | Tot | tal expendi | tures/con | ıtributio | ns on t | his report | | 200 ، 00 co | ┧, |
| | | | | To | tal expendi | tures/cor | ntributio | ns prev | viously repor | | | 4 |
| **In-kind contribu | itions should | also be i | ncluded hero | | tal expendi | tures/cor | ntributio | ns to d | ate | L | 2000.00 | |

OVER

* Refurd for excess contribution has been requested, see arrached letter.

LIABILITIES*

| Date Incurred | To Whom Due | Address | Purpose | Amount | | | | |
|------------------|----------------------------------|---------------------------------|---------|--------|--|--|--|--|
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| | Total liabilities on this report | | | | | | | |
| . • | | | | | | | | |
| | | 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."
- 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 Date

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 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?

OCPF Interpretive Bulletin IB-88-01 Call OCPF at (617) 727-8352 or (800) 462-OCPF 100 Talcott Avenue - Bldg 313, 2nd Fl. Watertown, MA 02472

TEL: 617-924-8509 FAX: 617-924-8248

mail@seiu509.org



489 Whitney Avenue, 3rd Fl. Holyoke, MA 01040

FAX: 413-535-1509

www.seiu509.org

August 29, 2012

Committee to Re-Elect Jim O'Day 6301 Halcyon Drive Worcester, MA 01606

Dear Committee,

Due to our unfamiliarly with certain OCPF laws and guidelines, we inadvertently contributed an excess of \$1500.00 to your campaign account.

As you recall, in December we contributed \$2,000.00 believing we could legally do so under the so-called 10/15 rule. But, because we had done more than \$15,000.00 in IE work in 2010, the legal limit we could contribute was \$500.00. Therefore, you need to refund to SEIU Local 509 \$1,500.00 as soon as possible.

The mistake was entirely on our end and we apologize for the inconvenience.

Sincerely,

Susan Tousignant

President