This report is due September 19, 2011 from all candidates if there is a Preliminary Election anywhere in the City.



Form CPF M 102: Campaign Finance Report **Municipal Form**

FITCHBURG CITY CLERK

Office of Campaign and Political Finance

THE STATE OF THE S
Commonwealth
of Massachusetts

Fill in Reporting Period dates:	Beginning Date:	Jan 1, 2011	Ending Date:	Sep 9, 2011	
Type of Report: (Check one)					
X 8th day preceding preliminary	8th day preceding electi	ion 🔲 30 day after e	lection 🔲 ye	ear-end report	dissolution

NoRMAN 4. BOISVERT Candidate Full Name (if applicable)	CAMPAIGN TO ELECT NORMAN BOISNER Committee Name
UBRD - D CITY CAUNCIJOR Office Sought and District	NORMAN BOIS VERT Name of Committee Treasurer
187 FRANKLIN RD. FITCHBURG Residential Address	187 FRANKLIS RD FIT CHBURG Committee Mailing Address
elephone Number (optional): 978-3 42-9860	Telephone Number (optional): 975-342-5860
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	31 1

Line 1: Ending Balance from previous report	40
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	40
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0

	Line 5: Ending Balance (line 3 minus line 4)	40	
	Line 6: Total in-kind contributions this period (page 6)	0	
	Line 7: Total (all) outstanding liabilities (page 7)	0	
	Line 8: Name of bank(s) used: I.C. FROERA	CREST UNIS	U
finance activit Signed under FOR CAN	ding all contributions, loans, receipts, expenditures, disbursements, in-kind contribution by of all persons acting under the authority or on behalf of this committee in accordance the penalties of perjury: DIDATE FILINGS ONLY: Affidavit of Candidate: (check i box only)	ons and habilities for this reporting period be with the requirements of M.G.L. c. 55. (Treasurer's signature)	Date: 9-9-11
I certify t	te with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the best of mof all persons acting under the authority or on behalf of this committee in accordance to the committee of th	ny knowledge and belief, a true and comp with the requirements of M.G.L. c. 55. I	lete statement of all campaign finance have not received any contributions,
Candida I certify t	any liabilities nor made any expenditures on my behalf during this reporting period. te without Committee OR Candidate with independent activity filing separate re that I have examined this report including attached schedules and it is, to the best of m ctivity, including contributions, loans, receipts, expenditures, disbursements, in-kind on finance activity of all persons acting under the authority or on behalf of this committee.	by knowledge and belief, a true and compi contributions and liabilities for this report	ing period and represents the
Signed under	the penalties of perjury: Horman Galais	(Candidate's signature)	Date: 9-9-11

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)	-	
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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
Date I alu	(alphanetical fishing)	Address	r at pose of Expenditure	Amount
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		Line 12: Total Expenditures over	er \$50 (or listed shows)	
		25. 15tal Expellutures Ove	or and for tisted andse)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
•	•	Ziii 151 15th Expenditures #50	(HOL HOLD (LOOVO)	<u> </u>
		Line 14: TOTAL EXPENDIT		

^{*} 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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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
	•	Line 13: Expenditures \$50 and a	under* (not listed above)	
			under* (not listed above) URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contribution		
			ns \$50 & under (not listed abov	e) [
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				Annya maning da a makaya pi iya iya iya iya ka