







## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/20/14	DANIEL KEEFE -SELF-EMPLOYED	269 MAIN ST. BLACKSTONE	SIGNS	203.30
3/14/14	NICHOLAS BIK MCMACHINE	132 FARM ST. BLACKSTONE	STICKERS	300.00
Line 15: In-kind over \$50				503.30
Line 16: In-kind \$50 and under				0
<b>Line 17: Total In-kind</b>				<b>503.30</b>

Enter on page 1, line 6

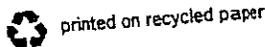
\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## 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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				<b>0</b>

Enter on page 1, line 7









# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

City or Town of: \_\_\_\_\_

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	_____			Ending	_____	

Type of Report: (Check One)			
<input type="checkbox"/> 8th day preceding preliminary/primary	<input checked="" type="checkbox"/> 8th day preceding election	<input type="checkbox"/> 30th day following election (Town or Special)	<input type="checkbox"/> 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	I. SIGNATURE <small>Signed under the penalties of perjury</small>	II. RESIDENTIAL ADDRESS <small>(Street and Number)</small>	III. OFFICE SOUGHT
1-16-14	<i>[Signature]</i>	33 Dunstable St	Board of Health
1-16-14	<i>Thomas T. Kessan</i>	25 Kenneth St.	Housing Auth.
1-16-14	<i>Fabrizio A. Scrimailli</i>	12 Bayview St	Housing Auth.
1-21-14	<i>[Signature]</i>	107 Summer St	MODERATOR
1/28/14	<i>Charles A. Kikutley</i>	24 Deulin Circle	Assessor
1/31/14	<i>Kimberly D. Pagan</i>	6 Hop Brook Ln	Parkland Rec







# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning Month 1 Date 1 Year 2014 Ending Month 3 Date 31 Year 2014

**Type of report: (Check one)**

8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

OWEN T. REBERNA  
Full Name of Candidate (if applicable)

PLANNING BOARD - BLACKSTONE  
Office Sought and District

37 BELLINGHAM R.D., BLACKSTONE  
Residential Address

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report      \$ 0

Line 2: Total receipts this period (page 2, line 11)      \$ -

Line 3: Subtotal (line 1 plus line 2)      \$ -

Line 4: Total expenditures this period (page 3, line 14)      \$ -

Line 5: Ending balance (line 3 minus line 4)      \$ 0

---

Line 6: Total in-kind contributions this period (page 4)      \$ \_\_\_\_\_

Line 7: Total (all) outstanding liabilities (page 4)      \$ \_\_\_\_\_

Line 8: Name of bank(s) used \_\_\_\_\_

**Affidavit of Committee Treasurer:**

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

\_\_\_\_\_  
Treasurer's signature (in ink) Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature] 3/31/14  
Candidate signature (in ink) Date





**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance

Town Clerk  
 Town of Blackstone  
 MAR 31 2014  
 Time: \_\_\_\_\_  
**RECEIVED**

File with:  
 City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	Jan	16	2014		3	31	2014

**Type of report: (Check one)**

8th day preceding preliminary  
  8th day preceding election  
  60 day after election  
  year-end report  
  dissolution

Russell P Arnold  
 Full Name of Candidate (if applicable)

Selectman Blackstone  
 Office Sought and District

236 Elm St. Blackstone MA  
 Residential Address

\_\_\_\_\_ DNJ  
 Tel. No. (optional)

\_\_\_\_\_  
 Committee Name

\_\_\_\_\_  
 Name of Committee Treasurer

\_\_\_\_\_  
 Committee Mailing Address

\_\_\_\_\_  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>203.30</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>203.30</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>749.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>0</u>
Line 6: Total in-kind contributions this period (page 4)	\$ _____
Line 7: Total (all) outstanding liabilities (page 4)	\$ _____
Line 8: Name of bank(s) used	_____

**Affidavit of Committee Treasurer:**

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

\_\_\_\_\_  
 Treasurer's signature (in ink) Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**

Candidate with Committee and no activity independent of the committee  
 Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Russell P Arnold  
 Candidate signature (in ink) 3/31/14  
Date

**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.*

This page may be copied 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)
	Danny Keefe	203	30	
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)				
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		203	30	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.*

This page may be copied 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	
2/27/14	AMERICAN BEAUTY	345 Providence St Woonsocket, RI	Signs	449	00
3/3/14	AMERICAN BEAUTY	345 Providence St Woonsocket, RI	Sign	300	00
3/26/14	BMRS D	175 Lincoln St Blackstone, MA	Hand Bill	50	00
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				799	00

Enter on page 1, line 4

\*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<b>Line 15: In-kind over \$50</b>				
<b>Line 16: In-kind \$50 and under</b>				
<b>Line 17: Total In-kind</b>				

Enter on page 1, line 6

\* 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.

### 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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				

Enter on page 1, line 7







### 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	0

\* 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.

### 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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	0



**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 3 Date 31 Year 2014 Ending Month 5 Date 7 Year 2014

Type of report: (Check one)

8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

Russell Phillip Arnold  
Full Name of Candidate (if applicable)  
Selectman  
Office Sought and District  
234 Elm St.  
Residential Address  
Brockton, MA (508) 993-1969  
Tel. No. (optional)

\_\_\_\_\_  
Committee Name  
\_\_\_\_\_  
Name of Committee Treasurer  
\_\_\_\_\_  
Committee Mailing Address  
\_\_\_\_\_  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report      \$ 0  
 Line 2: Total receipts this period (page 2, line 11)      \$ 0  
 Line 3: Subtotal (line 1 plus line 2)      \$ 0  
 Line 4: Total expenditures this period (page 3, line 14)      \$ 0  
 Line 5: Ending balance (line 3 minus line 4)      \$ 0  
 -----  
 Line 6: Total in-kind contributions this period (page 4)      \$ 0  
 Line 7: Total (all) outstanding liabilities (page 4)      \$ 0  
 Line 8: Name of bank(s) used \_\_\_\_\_

**Affidavit of Committee Treasurer:**

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink) \_\_\_\_\_

Date \_\_\_\_\_

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink) \_\_\_\_\_

Date 5/16/14

**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.*

This page may be copied 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 receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

\* 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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

\* 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.

## 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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7



**Form CPF M 102: Campaign Finance Report  
Municipal Form**  
Office of Campaign and Political Finance

**Town Clerk  
Town of Blackstone**  
MAR 31 2014  
Time: \_\_\_\_\_  
**RECEIVED**

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 01 01 2014 Ending 03 31 2014

Type of report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

RUSSELL L. WELLS SR.  
Full Name of Candidate (if applicable)  
SELECTMAN  
Office Sought and District  
5 CASTAGNARO WAY  
Residential Address  
BLACKSTONE, MA  
Tel. No. (optional)

COMMITTEE TO ELECT RUSSELL WELLS  
Committee Name  
JULIA SZILAGYI  
Name of Committee Treasurer  
5 CASTAGNARO WAY  
Committee Mailing Address  
BLACKSTONE, MA  
Tel. No. (optional)  
EIN 46-4545809

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report    \$ 0  
Line 2: Total receipts this period (page 2, line 11)    \$ 2200  
Line 3: Subtotal (line 1 plus line 2)    \$ 2200  
Line 4: Total expenditures this period (page 3, line 14)    \$ 2014.63  
Line 5: Ending balance (line 3 minus line 4)    \$ 185.37  
-----  
Line 6: Total in-kind contributions this period (page 4)    \$ 0  
Line 7: Total (all) outstanding liabilities (page 4)    \$ 2200  
Line 8: Name of bank(s) used DEAN BANK - 21 MAIN ST. FRANKLIN MA

**Affidavit of Committee Treasurer:**

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Julia A Szilagyi    3/30/14  
Treasurer's signature (in ink)    Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Russell Wells    3/31/14  
Candidate signature (in ink)    Date

**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.*

This page may be copied 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)
1-16-14	RUSSELL L. WELLS SR	1000	00	LOAN
2-25-14	RUSSELL L. WELLS SR	500	00	LOAN
3-19-14	RUSSELL L. WELLS SR	700	00	LOAN
Line 9: Total receipts in excess of \$50 (or listed above)		2200	00	
Line 10: Total receipts \$50 and under* (not listed above)		0		
Line 11: TOTAL RECEIPTS IN THE PERIOD		2200	00	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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			<b>Line 17: Total In-kind</b>	

\* 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.

### 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
1-16-14	RUSSELL WELLS SR.	5 CASTAGNANO WAY BLACKSTONE, MA	LOAN	\$1,000.00
2-25-14	RUSSELL WELLS SR.	5 CASTAGNANO WAY BLACKSTONE, MA	LOAN	\$500.00
3-19-14	RUSSELL WELLS SR.	5 CASTAGNANO WAY BLACKSTONE MA	LOAN	\$700.00
Enter on page 1, line 7			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	2200



**Form CPF 102A : Amendment to Campaign Finance Report**  
**Office of Campaign and Political Finance**

Town Clerk  
 Town of Blackstone

MAY 09 2014

File with: Director  
 Office of Campaign and Political Finance  
 Or Local Election Office

CPF ID#Time: \_\_\_\_\_

RECEIVED

Please print or type all information, except signatures.

Reporting Period: Beginning date: 01-01-14 Ending Date: 03-31-14  
 Report being amended:  
 Year: 2014  Pre-primary  Pre-election  Year-end  30 day after special election  Other

Candidate Name: RUSSELL WELLS SR  
 Committee Name: COMMITTEE TO ELECT RUSSELL WELLS  
 Treasurer Name: JULIEA SZILASYI

SUMMARY BALANCE INFORMATION:	
Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>2702.90</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2702.90</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2014.63</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>688.27</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>2702.90</u>

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):  
CANDIDATE PAID CAMPAIGN CHARGES WITH  
PERSONAL CREDIT CARD AND DID NOT REPORT  
THEM ON SCHEDULE A RECEIPTS. TOTAL  
OF \$502.90.

Signed under the penalties of perjury:  
Russell Wells Sr  
 Candidate Signature (in ink) Date

Signed under the penalties of perjury:  
Juliea Szilasyi 5/8/14  
 Treasurer signature (in ink) Date







**Form CPF M 102: Campaign Finance Report**  
**Municipal Form**  
 Office of Campaign and Political Finance

File with:  
 City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:                      Month                      Date                      Year                      Month                      Date                      Year  
 Reporting Period Beginning 01 01                      Ending \_\_\_\_\_

Type of report: (Check one)  
 8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

\_\_\_\_\_  
 Full Name of Candidate (if applicable)

\_\_\_\_\_  
 Office Sought and District

\_\_\_\_\_  
 Residential Address

\_\_\_\_\_  
 Tel. No. (optional)

\_\_\_\_\_  
 Committee Name

\_\_\_\_\_  
 Name of Committee Treasurer

\_\_\_\_\_  
 Committee Mailing Address

\_\_\_\_\_  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report                      \$ \_\_\_\_\_

Line 2: Total receipts this period (page 2, line 11)                      \$ 2702.90

Line 3: Subtotal (line 1 plus line 2)                      \$ \_\_\_\_\_

Line 4: Total expenditures this period (page 3, line 14)                      \$ \_\_\_\_\_

Line 5: Ending balance (line 3 minus line 4)                      \$ \_\_\_\_\_

-----

Line 6: Total in-kind contributions this period (page 4)                      \$ \_\_\_\_\_

Line 7: Total (all) outstanding liabilities (page 4)                      \$ \_\_\_\_\_

Line 8: Name of bank(s) used \_\_\_\_\_

**Affidavit of Committee Treasurer:**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:

\_\_\_\_\_  
 Treasurer's signature (in ink)                      Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**  
 Candidate with Committee and no activity independent of the committee  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  
 Candidate without Committee OR Candidate with independent activity filing separate report  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:

\_\_\_\_\_  
 Candidate signature (in ink)                      Date



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance

Town Clerk  
Town of Blackstone  
MAY 09 2014  
Time: \_\_\_\_\_  
**RECEIVED**

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning 04 01 2014 Ending 05 07 2014

Type of report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

RUSSELL WELLS SR  
Full Name of Candidate (if applicable)  
SELECTMAN  
Office Sought and District  
5 CASTASNANO WAY  
Residential Address  
BLACKSTONE, MA.  
Tel. No. (optional)

COMMITTEE TO ELECT RUSSELL WELLS  
Committee Name  
JULIEA SZILASYI  
Name of Committee Treasurer  
5 CASTASNANO WAY  
Committee Mailing Address  
BLACKSTONE, MA. 01504  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>688.27</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>125.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>813.27</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>177.86</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>635.41</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>2796.83</u>
Line 8: Name of bank(s) used	<u>DEAN BANK - FRANKLIN MA.</u>

**Affidavit of Committee Treasurer:**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury:  
[Signature] Date: 5/8/14  
Treasurer's signature (in ink)

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**  
 Candidate with Committee and no activity independent of the committee  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  
 Candidate without Committee OR Candidate with independent activity filing separate report  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury:  
[Signature] Date: 5-8-14  
Candidate signature (in ink)

**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.*

This page may be copied 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)
4-11-14	RUSSELL WELLS SR	125-	LOAN
Line 9: Total receipts in excess of \$50 (or listed above)		125 00	
Line 10: Total receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		125 00	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.*

This page may be copied 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	
4-14-14	BLACKSTONE ENLIGHTEN	96 FEDERAL ST. BLACKSTONE	AD - APRIL 14 PAPER	125	00
Line 12: Expenditures over \$50				125	-
Line 13: Expenditures \$50 and under*				52	86
Line 14: TOTAL EXPENDITURES				177	86

Enter on page 1, line 4

\*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				0

Enter on page 1, line 6

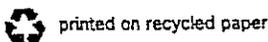
\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### 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
1-16-14	RUSSELL WELLS SR.	5 CASTAGNANO WAY BLACKSTONE	LOAN	\$1,000
2-25-14	RUSSELL WELLS SR.	5 CASTAGNANO WAY BLACKSTONE	LOAN	\$500
3-19-14	RUSSELL WELLS SR.	5 CASTAGNANO WAY BLACKSTONE	LOAN	\$700
3-2-14	RUSSELL WELLS SR.	5 CASTAGNANO WAY BLACKSTONE	LOAN	444.83
4-11-14	RUSSELL WELLS SR.	5 CASTAGNANO WAY BLACKSTONE	LOAN	125.00
Line 18: OUTSTANDING LIABILITIES (ALL)				2796.83

Enter on page 1, line 7





# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 

Month	Date	Year
/	16	14

 Ending 

Month	Date	Year
3	30 <del>25</del>	14

Type of report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Georgette A JARRET  
 Full Name of Candidate (if applicable)  
School Committee Blackstone  
 Office Sought and District  
176 FARM ST  
 Residential Address  
 \_\_\_\_\_  
 Tel. No. (optional)

School Committee  
 Committee Name  
 \_\_\_\_\_  
 Name of Committee Treasurer  
 \_\_\_\_\_  
 Committee Mailing Address  
 \_\_\_\_\_  
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:	
Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>0</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>0</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>0</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>0</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	_____

**Affidavit of Committee Treasurer:**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:  
 \_\_\_\_\_  
 Treasurer's signature (in ink) Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**  
 Candidate with Committee and no activity independent of the committee  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  
 Candidate without Committee OR Candidate with independent activity filing separate report  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:  
Georgette A. Jarret 5/29/14  
 Candidate signature (in ink) Date



**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.*

This page may be copied 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	
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES					

Enter on page 1, line 4

\*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				0

Enter on page 1, line 6

\* 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.

### 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
Line 18: OUTSTANDING LIABILITIES (ALL)				0

Enter on page 1, line 7







### 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
<b>Line 17: Total In-kind</b>				0

Enter on page 1, line 6

\* 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.

### 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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				0

Enter on page 1, line 7



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Town Clerk  
Town of Blackstone  
MAY 20 2014  
Time: \_\_\_\_\_  
**RECEIVED**

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning Month 4 Date 15 Year 14 Ending Month 5 Date 7 Year 14

Type of report: (Check one)  
 8th day preceding preliminary  30th day preceding election  30 day after election  year-end report  dissolution

OWEN BEBEAN  
Full Name of Candidate (if applicable)  
PLANNING BOARD  
Office Sought and District  
Residential Address  
Tel. No. (optional)

Committee Name  
Name of Committee Treasurer  
Committee Mailing Address  
Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0  
Line 2: Total receipts this period (page 2, line 11) \$ \_\_\_\_\_  
Line 3: Subtotal (line 1 plus line 2) \$ \_\_\_\_\_  
Line 4: Total expenditures this period (page 3, line 14) \$ \_\_\_\_\_  
Line 5: Ending balance (line 3 minus line 4) \$ 0  
Line 6: Total in-kind contributions this period (page 4) \$ \_\_\_\_\_  
Line 7: Total (all) outstanding liabilities (page 4) \$ \_\_\_\_\_  
Line 8: Name of bank(s) used \_\_\_\_\_

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

#### Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with Independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date





## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			<b>Line 17: Total In-kind</b>	

\* 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.

## 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
Enter on page 1, line 7		<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>		