



Commonwealth of Massachusetts

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} 01 ^{Date} 01 ^{Year} 2014 Ending ^{Month} 03 ^{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

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 L. 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	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>2200</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2200</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>185.37</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>2200</u>
Line 8: Name of bank(s) used	<u>DEAN BANK - 21 MAIN ST. 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:
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
2-28-14	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	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2200 00	

* 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.

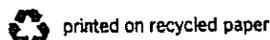
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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			Line 18: OUTSTANDING LIABILITIES (ALL)	2200





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

Town Clerk
Town of Blackstone
MAY 09 2014
RECEIVED

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

CPF ID# Time:

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 SZILABY

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 5-8-14
 Candidate Signature (in ink) Date

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



Commonwealth of Massachusetts

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 _____



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 CASTASNARO WAY
Residential Address
BLACKSTONE, MA.
Tel. No. (optional)

COMMITTEE TO ELECT RUSSELL WELLS
Committee Name
JULIEA SZILASYI
Name of Committee Treasurer
5 CASTASNARO 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	90 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
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
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
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		2796.83