



**Form CPF M22: REPORT OF BALLOT QUESTION EXPENDITURES  
BY CORPORATION OR ORGANIZATION  
MUNICIPAL FORM**

Commonwealth  
of Massachusetts

**Office of Campaign and Political Finance**

File with:  
City or Town Clerk  
or Election Official

NORWELL MA

- ☐ 8<sup>th</sup> day preceding election  
☒ 30<sup>th</sup> day after election  
☐ January 20<sup>th</sup>

Please print or type, except signatures.

1. Name of Corporation/Organization: NORWELL TAXPAYERS ALLIANCE
2. Address: 17 CIRCLET ST NORWELL MA 02061
3. Reporting Period: 5/12/2012 to 6/19/2012  
Month Day Year Month Day Year
4. Question No. 1 relating to AN OVER RIDE VOTE IN NORWELL MA  
(Describe question briefly)  
submitted to the voters on 5/19/12 in NORWELL MA 02061.  
(Election Date) (Name of City/Town)

5. Expenditure(s) (attach additional pages if necessary):

Date Paid	To Whom Paid	Address	Purpose	Amount or Value*
5/12/12	NORWELL CITIZENS FOR FISCAL RESPONSIBILITY	189 TIFFANY RD NORWELL MA	LOAN	1,044
Total expenditures on this report				1,044 -
Total expenditures previously reported				—
Total expenditures to date				1,044

TOWN OF NORWELL  
JUN 19 2012  
TOWN CLERK  
PATRICIA A. ANDERSON

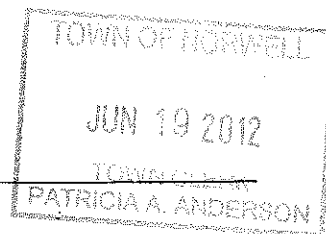
\*In-kind contributions should be included here.

**OVER**



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: NORWELL  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning Month 5 Day 12 Year 2012 Ending Month 6 Day 18 Year 12

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)

NORWELL CITIZENS FOR FISCAL RESPONSIBILITY  
Committee Name

ALBERT GUILD  
Name of Committee Treasurer

189 TIFFANY ROAD NORWELL MA  
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) \$ 2189.09  
Line 3: Subtotal (line 1 plus line 2) \$ 2189.09  
Line 4: Total expenditures this period (page 3, line 14) \$ 2139.09  
Line 5: Ending balance (line 3 minus line 4) \$ 50.00  
Line 6: Total in-kind contributions this period (page 4) \$ 620.00  
Line 7: Total (all) outstanding liabilities (page 4) \$ 1044.00  
Line 8: Name of bank(s) used ROCKLAND FEDERAL CREDIT UNION

### 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:

Albert Guild  
Treasurer's signature (in ink)

6/18/12  
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 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.

[illegible]

\* 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.

[illegible]

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
5/13/12	CITIZENS FOR LIMITED OVER RIDES	19 SYLVAN RD SCITUATE MA. 02066	62 NO OVER RIDE LAWN SIGNS	620.00
Line 15: In-kind over \$50				620.00
Line 16: In-kind \$50 and under				—
Line 17: Total In-kind				620.00

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
5/13/12	DORWICH TAXPAYERS' ASSOCIATION	17 CIRCLET ST DORWICH MA.	LOAN	1,044.00
Line 18: OUTSTANDING LIABILITIES (ALL)				1,044.00

Enter on page 1, line 7