



Commonwealth  
of Massachusetts

Form CPF 102ND: Campaign Finance Report  
Office of Campaign and Political Finance

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place Rm. 411  
Boston, MA 02108  
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CPF ID# 15469  
2/21/2013

Reporting Period: Beginning: 1/1/2012 Ending: 12/31/2012

Type of Report: 2012 Year-end Report (ND)

Burgess Jr., James F.

*Full Name of Candidate*

House, 7th Norfolk

*Office Sought/ District*

12 Fairmont St.  
Randolph, MA 02368

*Residential Address*

Burgess Committee

*Committee Name*

Arthur Goldstein

*Name of Committee Treasurer*

22 Himoor Cir.  
Randolph, MA 02368

*Committee Address*

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$827.90
Total receipts this period:	\$110.41
Subtotal:	\$938.31
Total expenditures this period:	\$0.00
Ending Balance:	\$938.31
Total inkind contributions this period:	\$200.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	

TOWN CLERK/REGISTRAR  
RANDOLPH

2013 FEB 22 A 11:43

## 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.

Date	Name and Residential Address	Amount	Occupation and Employer
	Total Itemized Receipts:	\$0.00	
	Total Unitemized Receipts:	\$110.41	
	Total Receipts:	\$110.41	

## Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
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Total Itemized Inkind Contributions:		\$0.00	
Total Unitemized Inkind Contributions:		\$200.00	
Total Inkind Contributions:		\$200.00	