



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.

2011 OCT 31 A 8:32

Fill in dates:

Reporting Period Beginning _____ Ending _____

Month _____ Date _____ Year _____ Month _____ Date _____ Year _____

Type of report: (Check one)

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

KEN W. CLIFTON

Full Name of Candidate (if applicable)

Town Councillor, Dist 1, Rand. MA

Office Sought and District

19 Hillsdale Rd, Rand. MA 02368

Residential Address

Tel. No. (optional)

Committee to elect Ken Clifton

Committee Name

Karen Haynes-Clifton

Name of Committee Treasurer

19 Hillsdale Rd, Rand. MA 02368

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 112

Line 2: Total receipts this period (page 2, line 11) \$ 890

Line 3: Subtotal (line 1 plus line 2) \$ 1002

Line 4: Total expenditures this period (page 3, line 14) \$ 712.97

Line 5: Ending balance (line 3 minus line 4) \$ 289.03

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 Bank of America

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

10/30/2011

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

10/30/11

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.

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)
9/20/11	Mareen Calder 19 Linden Pkway, Rand.	50	00	
9/1/11	Kruti Bhupendra	50	00	
9/5/11	Robert Chiu	50	00	
9/22/11	Cirau Cornice	50	00	
9/29/11	Earl Fagan 22 Stoughton St., Rand. MA	100	00	
10/2/11	Elton Byron, 9 N. Glenway, Rand. MA	200	00	Self-employment 9 N. Glenway, Rand. MA
10/5/11	Russel DeJong 21 Center St, Rand MA	200	00	retired 21 Center St Rand MA
10/24/11	Patti DeRose	25	00	
10/24/11	Jean Brewster 27 Hemlock Bt.	75	00	
10/17/11	Arianna Philbert	50	00	
9/20/11	Barnas Klaw 22 S Main St. Rand.	450	00	teacher, Rand. MA 22 S. Main Rand. MA
Line 9: Total receipts in excess of \$50 (or listed above)		890		
Line 10: Total receipts \$50 and under* (not listed above)		—		
Line 11: TOTAL RECEIPTS IN THE PERIOD		890		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	
10/29	Post Office	Tom Patten Drive Randolph, MA	mailings	220	00
10/29	Printful.com	100 PFC Way Livingston, MA 01461	mailings/outreach	441	65
Line 12: Expenditures over \$50				661	65
Line 13: Expenditures \$50 and under*				51	32
Line 14: TOTAL EXPENDITURES				712	97

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	

* 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)	