



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:**

Reporting Period Beginning \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Ending \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

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

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

James Chip Harrington

Full Name of Candidate (if applicable)

School Committee

Office Sought and District

122 Overlook Dr

Residential Address

Ludlow, MA 01457

Tel. No. (optional)

Committee to elect Chip Harrington

Committee Name

Noel Harrington

Name of Committee Treasurer

122 Overlook Dr

Committee Mailing Address

Ludlow MA 01457

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1699.31</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>0</u>
Line 3: Subtotal (line 1 plus line 2)	\$ _____
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>0</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1700.01</u>
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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	<u>Berkshire Bank</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:

Treasurer's signature (in ink)

Noel D Harrington

Date

3/15/10

**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)

James Chip Harrington

Date

3-15-10

**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)				
Line 10: Total receipts \$50 and under* (not listed above)				
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>				

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	
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
<b>Line 14: TOTAL EXPENDITURES</b>					

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



**Schedule E  
Municipal Form  
Disclosure of Assets Statement  
Office of Campaign and Political Finance**

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

CPF ID# \_\_\_\_\_

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: \_\_\_\_\_ Date of report: \_\_\_\_\_

All candidates and committees must fill in Part A or Part B.

**Part A:**

No assets\* were acquired or disposed of by this candidate/committee during the period covered by this statement.

**Part B:**

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

\*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Signed under the penalties of perjury:

David J. [Signature] 3-15-10  
Candidate signature Date

Noel D. [Signature] 3/15/10  
Treasurer signature Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.





**Form CPF R 1 : Itemization of Reimbursements**  
**Office of Campaign and Political Finance**

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
 One Ashburton Place  
 Boston, MA 02108  
 (617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: \_\_\_\_\_

Committee Name: \_\_\_\_\_ CPF ID #: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Date of Reimbursement: \_\_\_\_\_

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)				
<b>TOTAL AMOUNT REIMBURSED</b>				

Signed under the penalties of perjury:

\_\_\_\_\_  
 Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



**Form CPF M18F: Report of Electioneering Communication Expenditure**  
**Municipal Form**  
**Office of Campaign and Political Finance**

Commonwealth  
of Massachusetts

File with Local Election Official

1. Name of Individual, Group or Association making the Expenditure: \_\_\_\_\_

2. Address \_\_\_\_\_  
Street Address City/Town State Zip

3. Candidate(s) Identified in Communication \_\_\_\_\_  
Candidate Name(s)

4. Expenditure(s) (attach additional sheets if necessary):

Date Paid	To Whom Paid	Address	Purpose	Amount
<b>TOTAL:</b>				

5. Receipt(s) in excess of \$250 for the purpose of making electioneering communications (attach additional sheets if necessary):

Date Received	Name	Address	Purpose	Amount
<b>TOTAL:</b>				

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print name of individual signer and title (if signing on behalf of a group)



**Form CPF M101 : STATEMENT OF ORGANIZATION  
CANDIDATE'S COMMITTEE  
MUNICIPAL FORM  
Office of Campaign and Political Finance**

RECEIVED  
TOWN CLERK'S OFFICE

File with:  
City or Town Clerk or Election Commission

2010 MAR 17 P 3:12

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

1. Committee Name: Committee to elect James Chip Harrington  
(The name of the committee must include the candidate's last name)

2. Committee Address: 122 Overlook Dr

2a. Mailing Address: Ludlow, MA 01056

3. Purpose: \_\_\_\_\_

4. Officers:  
Chairman: \_\_\_\_\_

Treasurer: Noel Harrington 122 Overlook Dr. Ludlow, MA 01056

Other officer: \_\_\_\_\_

Other officer: \_\_\_\_\_

Attach additional page, if necessary, with other officers and finance committee, if any

5. Candidate: James Chip Harrington 122 Overlook Dr. Ludlow, MA 01056 589-1228

6. Office Sought: School Committee Ludlow Democrat

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] 3-15-10  
Candidate's signature Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Noel D Harrington 3/15/10  
Treasurer's signature Date

I hereby accept the office of Chairman of the above-named committee.  
SIGNED UNDER THE PENALTIES OF PERJURY:

\_\_\_\_\_  
Chairman's signature Date