



**Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

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:

CANDIDATE:	Full Name:	<u>EDWARD J. GIROUX</u>		
	Residential Address:	<u>21 Horman RD</u>		
	City / State / Zip:	<u>N. Billerica MA</u>	<u>01862</u>	<u>20</u>
	E-Mail Address:	<u>EGIROUX@OUTLOOK.COM</u>	Phone #:	<u>667 0521</u>
	Party Affiliation:	<u>N/A</u>	(If applicable)	
OFFICE SOUGHT/PURPOSE:	Title:	<u>Selectman</u>		
	District:	<u>Billerica</u>		

COMMITTEE:	Name of Committee:	<u>Committee to elect Edward GIROUX</u>		
		<small>(The name of the committee must include the candidate's last name)</small>		
	Committee Mailing Address:	<u>21 Horman RD</u>		
	City / State / Zip:	<u>N. Billerica MA</u>	<u>01862</u>	Phone #: <u>667 0521</u>

OFFICERS:

Chairman:	<u>David Coughlin</u>	Treasurer*:	<u>Sandra GIROUX</u>
Residential Address:	<u>28 Woodside RD</u>	Residential Address:	<u>21 Horman RD</u>
City / State / Zip:	<u>N. Billerica MA 01862</u>	City / State / Zip:	<u>N. Billerica MA 01862</u>
Phone #:	<u>262 9645</u>	Phone #:	<u>667 0521</u>
Other Officer/Title:		Other Officer/Title:	
Residential Address:		Residential Address:	
City / State / Zip:		City / State / Zip:	
Phone #:		Phone #:	

(Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.)

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:

Candidate's signature

Date: 3-Jan-16

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) 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; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 1-3-16

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

Date: 1-3-16



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

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="3,085"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3,085"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,657.31"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,427.69"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="260.62"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Enterprise Bank"/>

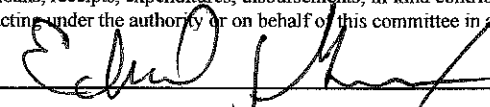
Affidavit of Committee Treasurer:
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind 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) Date:

FOR CANDIDATE FILINGS ONLY: 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's signature) 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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
Feb 3, 2016	Robert Accomando 134 Treble Cove Rd North Billerica MA 01862	100	
Mar 10, 2016	Fred Ciampa 10 Beaver Place Billerica MA 01821	250	Self Employed CPA
Jan 8, 2016	Andrew Deslaurier 32 Mt. Pleasant St North Billerica MA 01862	100	
Jan 8, 2016	Brian Doiron 111 Heather Rd Dracut MA 01826	150	
Jan 8, 2016	Mark Efstratiou 33 Dudley Rd Billerica MA 01821	100	
Jan 8, 2016	David and Joanne Gagliardi 2 Whiting St Billerica MA 01821	100	
Feb 3, 2016	Ellen Giroux 5 Susan Drive Billerica MA 01821	500	Retired
Jan 4, 2016	Sandra Giroux 21 Horman Rd North Billerica MA 01862	100	
Jan 8, 2016	Brian Kelly 8 Rolling Hill Rd Billerica MA 01821	100	
Jan 8, 2016	Kathy Matos 10 Whittier Rd Billerica MA 01821	100	
Feb 6, 2016	Dean Santoro 118 Treble Cove Rd N. Billerica MA 01862	100	
Line 9: Total Receipts over \$50 (or listed above)		1,700	
Line 10: Total Receipts \$50 and under* (not listed above)		1,385	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,085	← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
Feb 23, 2016	Carbon Colors	1274 Lakeview Ave Dracut MA 01826	Lawn Signs	300.16
Feb 26, 2016	Carbon Colors	1274 Lakeview Ave Dracut MA 01862	Lawn Signs	600.31
Mar 8, 2016	Carbon Colors	1274 Lakeview Ave Dracut MA 01826	Lawn Signs	451.56
Feb 17, 2016	Pro Fitness	333 Boston Rd Billerica MA 01821	Electronic signs	280
Line 12: Total Expenditures over \$50 (or listed above)				1,632.03
Line 13: Total Expenditures \$50 and under* (not listed above)				25.28
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,657.31

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Jan 6, 2016	Sandra Giroux	21 Horman Rd North Billerica MA 01862	Voter List - 2015	20
Mar 15, 2016	Sandra Giroux	21 Horman Rd North Billerica MA 01862	Voter List - 2016 Special Election	20
Line 15: In-Kind Contributions over \$50 (or listed above)				40
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				40

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.

