



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2017 MAY -1 AM 8:52

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="2,915.39"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1,540"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="4,455.39"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="3,520.22"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="935.17"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="1,000"/>
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: Sandra Giroux (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: Edward Giroux (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)
Apr 13, 2017	Carpenters Local 111 13 Branch St. Suite 213 Methuen MA 01844-1900	250	Labor Union Local
Mar 17, 2017	Carpenters Local 275 411 Lexington St Newton MA 02406	100	
Mar 31, 2017	Fred and Judy Ciampa 10 Beaver Place Billerica MA 01821	250	Self Employed CPA
Mar 31, 2017	Merrimack Valley Central Labor Council 169 Merrimack St. Lowell MA 01852	200	Labor Organization
Mar 25, 2017	George and Anne Noel 2 Locke Road Billerica MA 01821	100	
Mar 22, 2017	Joe Donahue 8 Patten Rd Billerica MA 01821	100	
Line 9: Total Receipts over \$50 (or listed above)		1,000	
Line 10: Total Receipts \$50 and under* (not listed above)		540	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,540	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)	
Line 10: Total Receipts \$50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← 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
Apr 21, 2017	Edward Giroux	21 Horman Road North Billerica MA 01862	Partial Loan Repayment	300
Mar 16, 2017	Lashomatic Design	28 Woodside Rd Billerica MA 01862	Campaign Expenses	663.97
Mar 23, 2017	Minuteman Press	1527 Middlesex St Lowell MA 01851	Campaign Materials and Postage	2,062.19
Line 12: Total Expenditures over \$50 (or listed above)				3,026.16
Line 13: Total Expenditures \$50 and under* (not listed above)				494.06
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,520.22

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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
Mar 24, 2016	Edward Giroux	21 Horman Road North Billerica MA 01862	Campaign expenses	1,000
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				1,000



Carried forward also 2017

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 Hornum RD</u>
	City / State / Zip: <u>N. Billerica MA 01862</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 Hornum RD</u>
	City / State / Zip: <u>N. Billerica MA 01862</u> Phone #: <u>667 0521</u>

OFFICERS:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Chairman: <u>David Coughlin</u></td> </tr> <tr> <td>Residential Address: <u>28 Woodside RD</u></td> </tr> <tr> <td>City / State / Zip: <u>N. Billerica MA 01862</u></td> </tr> <tr> <td>Phone #: <u>262 9645</u></td> </tr> </table>	Chairman: <u>David Coughlin</u>	Residential Address: <u>28 Woodside RD</u>	City / State / Zip: <u>N. Billerica MA 01862</u>	Phone #: <u>262 9645</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Treasurer*: <u>Sandra GIROUX</u></td> </tr> <tr> <td>Residential Address: <u>21 Hornum RD</u></td> </tr> <tr> <td>City / State / Zip: <u>N. Billerica MA 01862</u></td> </tr> <tr> <td>Phone #: <u>667 0521</u></td> </tr> </table> <p><small>*A public employee may not serve as treasurer of any political committee (see reverse).</small></p>	Treasurer*: <u>Sandra GIROUX</u>	Residential Address: <u>21 Hornum RD</u>	City / State / Zip: <u>N. Billerica MA 01862</u>	Phone #: <u>667 0521</u>
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Other Officer/Title: _____									
Residential Address: _____									
City / State / Zip: _____									
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:

[Signature]
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:

[Signature]
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:

[Signature]
Chairman's signature Date: 1-3-16