



Commonwealth of Massachusetts

Form CPF M101 : STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
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

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: Joanne Barry for School Election
2. Committee Address: 12 Linnell Circle
2a. Mailing Address: 12 Linnell Circle 01821
3. Purpose: to reelect Joanne Barry to School Committee
4. Officers: Chairman, Treasurer, Other officer

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

5. Candidate: Joanne Barry 22 Friendship St 01821 9786675294
6. Office Sought: School Committee

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:
Joanne P. Barry 2-28-14
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:
Lorraine Benoit 2-28-2014
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





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

DUE DATE: MARCH 28, 2014

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: JANUARY 1, 2014 Ending Date: MARCH 18 2014

Type of Report: (Check one)

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

<sup>OA</sup>  
**JAONNE P BARRY**  
 Candidate Full Name (if applicable)

**SCHOOL COMMITTEE**  
 Office Sought and District

**22 FRIENDSHIP ST BILLERICA MA 01821**  
 Residential Address

Telephone Number (optional): 9780667-5277

**JOANNE BARRY FOR SCHOOL ELECTION**  
 Committee Name

**LORRAINE BENOIT**  
 Name of Committee Treasurer

**12 LINNELL CIRCLE BILLERICA MA 01821**  
 Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

RECEIVED  
2014 APR -2 AM 11:42  
OWN PERM  
BILLERICA MA

### SUMMARY BALANCE INFORMATION:

**Line 1:** Ending Balance from previous report 25.54

**Line 2:** Total receipts this period (page 3, line 11) 0

**Line 3:** Subtotal (line 1 plus line 2) 25.54

**Line 4:** Total expenditures this period (page 5, line 14) 0

**Line 5:** Ending Balance (line 3 minus line 4) 25.54

**Line 6:** Total in-kind contributions this period (page 6) 0

**Line 7:** Total (all) outstanding liabilities (page 7) 0

**Line 8:** Name of bank(s) used: Northern Bank & TRUST

#### 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: Lorraine A Benoit (Treasurer's signature) Date: March 28, 2014

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with 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

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: Joanne P. Barry (Candidate's signature) Date: 4-2-14











## 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
* 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.			Line 15: In-Kind Contributions over \$50 (or listed above)	
Enter on page 1, line 6 →			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	0

## 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: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0