

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Date:

TOWN CLERK LANCASTER, MA 01523

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: 4/21/15 Beginning Date: Ending Date: Type of Report: (Check one) ★ Sth day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution MARY JUDITH MACLEAN Candidate Full Name (if applicable) Committee Name HOUSING AUTHORITY Office Sought and District Name of Committee Treasurer 10 BURBANK LANE Residential Address Committee Mailing Address Telephone Number (optional): Telephone Number (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: 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. Date: Signed under the penalties of perjury: (Treasurer's signature) 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. (Candidate's signature)

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)
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	100		
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ine 9: Total Rece	eipts over \$50 (or listed above)		1
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
Line II. IOIAL	RECEII 15 III IIIE I ERIOD		← 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)
4			
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS 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.)

	To Whom Paid	4.43	D	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	9			
				L
	, ,			
				1
		Line 12: Total Expenditure	es over \$50 (or listed above)	
			Western Wall and the Control of the	
		Line 13: Total Expenditure	es \$50 and under* (not listed above)	
	Enter on page 1, line 4 →		DITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure A		
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	2				
		*			
		Line 12: Expenditures over \$.			
		Line 13: Expenditures \$50 and	d under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD		

^{*} 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.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contribution	ons over \$50 (or listed above)	
		Line 16: In-Kind Contribution	ons \$50 & under (not listed above)	
	Enter on page 1, line 6 →	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.

Page 6

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
		-		

1				



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4/22	2/15 Ending Date: 5/31/15
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
MARY JUDITH MACLEAN	
Candidate Full Name (if applicable)	Committee Name
HOUSING AUTHORITY	
Office Sought and District	Name of Committee Treasurer
10 BURBANK LANE	
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (p	page 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	d contributions and liabilities for this reporting period and represents the campaign n accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filling sections.	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period.
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	its, in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

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(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)
Date Received	(aiphabetteti iisting requires)		(to to this amount of the or the or
F			
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL I	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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			*
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		8 U
ine 11: TOTAL R	ECEIPTS 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.)

cport an expend	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		Line 12: Total Expenditures or	ver \$50 (or listed above)		
		Line 13: Total Expenditures \$5	0 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

D	To Whom Paid	19212020000000	L. V.	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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				27 0
		Line 12: Expenditures over \$5	50 (or listed above)	
		Line 13: Evnandituras \$50 and	l under# (not listed also	
		Line 13: Expenditures \$50 and	under (not listed above)	
	Enter on page 1 line 4 ->	Line 14: TOTAL EXPENDI	TURES IN THE PEDIOD	

^{*} 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 Contribution			
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
Enter on page 1, line 6 → 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.

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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: TOTAL OUTSTAND	DING HARH ITIES (ALL)		