

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

NOV 16 2016

42.36

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Fill in Reporting Period dates: File with: City or Town Clerk or Election Commission Beginning Date: October 13, 2016 Type of Report: (Check one) Ending Date: November 14, 2016 Sth day preceding preliminary 8th day preceding election 30 day after election year-end report issolution Candidate Full Name (if applicable) Campaign for Minuteman's Future Committee Name David C. Horton Office Sought and District Name of Committee Treasurer 68 Paul Revere Road, Lexington, MA 02421 Residential Address Telephone Number (optional): Committee Mailing Address Telephone Number (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 42.36 Line 3: Subtotal (line 1 plus line 2) 0 Line 4: Total expenditures this period (page 5, line 14) 42.36

]		4	(bage ()				1.
	Line 7:	: Total (all) outst	anding liabilities	(page 7)			0	
	Line 8:	Name of bank(s)	used: Citizens Ba	ink			0	
activity, including activity Signed under t FOR CAND Candidate I certify that activity, of a incurred any Candidate w I certify that	committee Trans ave examined the ing all contribute of all persons ac the penalties of p IDATE FIL with Committee I have examined Il persons acting liabilities nor m rithout Committee I have examined	bis report including attactions, loans, receipts, expecting under the authority. perjury: INGS ONLY: Affect and an activity independ this report including at a under the authority or o and any expenditures with this report including the support including at the condidate with	ched schedules and it is, enditures, disbursement (as on behalf of this conducts of Candidates (changes of the committee tached schedules and it is behalf of this commit my behalf during this reliadependent activity	to the best of my knowless, in-kind contributions a spirittee in accordance we have a box only) see is, so the best of my knowless is, so the best of my knowless is accordance with its opportuge period.	edge and belief, a true and liabilities for this report the requirements of M.C. (Treasurer's signal whodge and belief, a true a ne requirements of M.G.L. who are the requirements of the requirements of the conductions and liabilities for the conductor with the requirements.	and complete state c. 55. I have no d complete state s reporting perio	ement of all camp	H16
					(Candidate's signature	b) Date:		

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

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

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.)

-		Actude your committee name and	a nage	nt and atta	ach (o this report, if additional
	Date Received	Name and Residential Address	bage	dumber o	д еа	o this report, if additional pages are required to
		(alphabetical listing required)	- 1		- 1	Occupation
11				Amount		Occupation & Employer
11		NONE	-			(for contributions of \$200 or more)
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	- 111	111				
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- 11	111					
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11				_		
	111					
				- 111		
Line 9: T	Ofal Pagaint					
		\$50 (or listed above)		=		
Line 10: T	otal Receipts \$50			0		
	90 Cé sidio	and under* (not listed above)		튁		
	UIAL RECEIPE	W have		0		
* If you have	iteminad	O IN THE PERIOD		7		
□ = Pete ₹ Ç	of receipts	\$ 1N THE PERIOD \$ \$50 and under, include them in line 9. Line	(] ← Eni	ter o	page 1, line 2
		Line 9. Line	e 10 shot	uld include	oni	those manifes

^{*} 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)

	Name and Residential Address		
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	NONE		
			no communication of the commun
	- Annual Control of the Control of t		
ine 9: Total Receip	ts over \$50 (or listed above)	0	
ine 10: Total Receip	ets \$50 and under* (not listed above)	0	
	CCEIPTS IN THE PERIOD	0	Enter on worse I line 2
	eccipts of \$50 and under, include them in line 9.	- 11	

^{*} 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 a

	To Whom Paid		1-8-/	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11/02/2016	Minuteman Futures Foundation, Inc.	9 Charnstaff Lane Billerica, MA 01821	residual funds from campaign	42.
				, , ,
[[1	Line 12: Total Expenditures over	(\$50 (or listed above)	42.30
	·	Line 13: Total Expenditures \$50 a		42.3
		Line 14: TOTAL EXPENDITU		42.36
vou bave itemi		nclude them in line 12. Line 13 sho		2.30

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
	NONE		- For a substitute	Amode
		- Appropriate and the state of		
	2			
		ine 12: Expenditures over \$50 (o		C
		ine 13: Expenditures \$50 and und		0
on have Header	Enter on page 1, line 4 → Li	ine 14: TOTAL EXPENDITUR	ES IN THE PERIOD	0

^{*} 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
NO	NE			
			The state of the s	
		Line 15. In Windows		
		Line 15: In-Kind Contributions of Line 16: In-Kind Contributions \$5		
		Line 17: TOTAL IN-KIND CON		(

^{*} 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
	NONE			0
		To the state of th		
	Enter on page 1, line 7 → 1	Line 18: TOTAL OUTSTANDIN	NG LIABILITIES (ALL)	



Form CPF M101 BQ: STATEMENT OF ORGANIZATION BALLOT QUESTION 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, of the organization of a ballot question committee as follows:

1. Name (See note 1): CAMPAGAN FOR P.	incremen's farent				
2. Committee mailing address: 68 PAUL Re	,				
City/State/Zip: LExing For					
	AUC. Com Phone #: 781-862-3293				
3. Purpose / specific issues Support for MINUTEMI	on Regional High Scitcol Ballot Question - A NEW Scitcol Budding Project to he				
4. Topic of question & question no., if known:					
5. This committee is formed to (check one): V support or oppose	the question.				
6. OFFICERS:					
Chairman: J. Fond Spreding	Treasurer*: DAVID & ItORTON				
Residential Address: 5 /tectton Road	Residential Address: 68 PAUL Rowans Road				
City/State/Zip: Dover MA U2030	City/State/Zip: LEKINGTON MA 02421				
Phone # 508-735-5635	Phone # 781 -862-329 mail PALLE NOVELE PORT & AGL. 60				
	*A public employee may not serve as treasurer of any political committee (see reverse).				
Other Officer/Title:	Other Officer/Title:				
Residential Address:	Residential Address:				
City / State / Zip:	City / State / Zip:				
Phone #:	Phone #:				
(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)					
The chairman and treasurer of a political committee should be aware that provinces of M.C.T. a. 55 peoils of the chairman and treasurer of a political committee should be aware that provinces of M.C.T. a. 55 peoils of the chairman and treasurer of a political committee should be aware that provinces of M.C.T. a. 55 peoils of the chairman and treasurer of a political committee should be aware that provinces of M.C.T. a. 55 peoils of the chairman and treasurer of the chairman and the chairma					

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. That is also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the hairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of my officers, members or associates of such committee.

hereby accept the office of Chairman of the above-named committee, HGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

Date: 07/29/2016

hareby 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 nat: 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 not records of all campaign finance activity for a period of six years from the date of the relevant election; and 2) if after my acceptance of this office I ecome an appointed public employee, I must resign this position and notify OCPF of my resignation.

IGNED UNDER THE PENALTIES OF PERJURY:

Lavid C. Horton

Date: 7/29/16