



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED AND FILED

DATE 4/19/13

Paul TOWN CLERK

File with: _____
City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 3 Date 1 Year 2013 Ending Month 4 Date 19 Year 2013

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

RICHARD FRANKLIN WARD
 Full Name of Candidate (if applicable)
SELEMAN
 Office Sought and District
20 WEST STREET
 Residential Address

 Tel. No. (optional)

THE COMMITTEE TO RE-ELECT RICHARD F WARD
 Committee Name
SUSAN AUGER-KOWALSKI
 Name of Committee Treasurer
54 CEDAR DRIVE CARVER
 Committee Mailing Address

 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0

Line 2: Total receipts this period (page 2, line 11) \$ 3633.48

Line 3: Subtotal (line 1 plus line 2) \$ 3633.48

Line 4: Total expenditures this period (page 3, line 14) \$ 3037.88

Line 5: Ending balance (line 3 minus line 4) \$ 595.60

Line 6: Total in-kind contributions this period (page 4) \$ 518.47

Line 7: Total (all) outstanding liabilities (page 4) \$ 0

Line 8: Name of bank(s) used ROCKLAND TRUST - CARVER

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.
Susan Auger-Kowalski Signed under the penalties of perjury: _____ Date 4/19/2013
 Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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.
Richard F. Ward Signed under the penalties of perjury: _____ Date 4/19/13
 Candidate signature (in ink)

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.

This page may be copied 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)
3/9	John H. Angly 1 ROBINS WAY	200	00	AGRICULTURE
3/10	RICHARD BLANK PO BOX 88	250	00	INSURANCE
4/6	STEVE DEWHURST 52 FOREST ST.	200	00	COMPUTER SCIENTIST
4/13	PAUL DUFF 16 FOREST ST	50	0	
4/6	PAULA POLY 21 BOW STREET	50	00	
3/28	John GRANLISON 107 WAREHAM ST	500		AGRICULTURE
3/10	SARAH HEWINS 52 FOREST STREET	150	00	
3/23	PAULA RIBE PO BOX 199 Corner 33 Meadow St.	50	-	RETIRED
3/25	ROSS KOWALSKI 54 CEDAR DRIVE	200		EDUCATOR
3/29	ROBERT MOKKITT 17-9 South Meadow Village	100	-	
4/14	GAIL NAUEN 150 OLD MAIN ST.	50	00	
4/14	JIM NAUEN 150 OLD MAIN ST	50	00	
4/14	BRIAN NUTE 4 PINECITY ROAD	200	00	CARPENTRY
4/6	JIM PHILLIPS 27 FOREST STREET	250	00	RETIRED - INSURANCE
3/27	LEONARD ROBY 41 MELANIE LAINE	100	00	
Line 9: Total receipts in excess of \$50 (or listed above) includes page # 2 =		3000	00	
Line 10: Total receipts \$50 and under* (not listed above)		633	48	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3633	48	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

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This page may be copied 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)
3/10	HEATHER SEPULVEDA 3 ALEXANDRA LANE	100	00	
3/18	MARK WALKER PO BOX 425 32 BOW	300	-	Manager
3/18	GARY WESTON 34 MAIN STREET	200	-	Agriculture
Line 9: Total receipts in excess of \$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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/6	Rosmary Hanlon	5 PAIGE Circle	Food for meet and greet of candidates	245.00
4/6	GIWA HANLON - NAVICHI	11 WARD STREET	FOOD FOR meet and greet for candidate	120.00
3/1	RICHARD WARD	20 WEST ST	Printer ink, BLACK & COLOR	96.67
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				56.80
Line 17: Total In-kind				368.47

Enter on page 1, line 6

518.47

* 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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7