

17 JAH 19 MM 20

		Pleas	e print or ty	pe all informa	tion, except si	gnatures.		
Fill in dat Reporting	tes: g Period Beginning_	Month June	Day 7	Year 2016	Ending I	Month December	Day 31	Year 2016
□ 8th	Report: (Check One day preceding liminary/primary	_	ceding elect		th day followi			th day of January ar-End Report)
2. I cer	rtify that I am a can rtify that I have not orting period, and do rtify that I do not ha	received any con o not have a cam	ntributions, i paign fund i mmittee.	nade any expo n existence.	enditures, or in			uring this
L/18/1	Signed under the	penalties of perj	ury		d Number)			
			Λ.	8 Hill S			oderato	
	·			-			•	



17 E - 3 MIIC: 59

City or Town of: Nov	thburdg	٤	_				.(T'' = 0	\$ \$ T
	Pl	ease print or t	ype all informa	tion, except	signatures.			
Fill in dates: Reporting Period Beginning	Month Ce	Day 7	Year ((e	Ending_	Month 12	Day 31	Year	
Type of Report: (Check One	·)		•					
8th day preceding preliminary/primary	8th day	preceding elec		h day follov wn or Speci	ving election al)		oth day of Jan ear-End Repor	,
Pursuant to M.G.L., Chapter	55:					·		
 I certify that I am a can I certify that I have not reporting period, and d I certify that I do not have 	received any o not have a c	contributions, ampaign fund	made any expe	enditures, or	incurred any o	obligations d	uring this	

DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III OPPION COVICIN
	Signed under the penalties of perjury	(Street and Number)	III. OFFICE SOUGHT
12/31	Alyno	170 Rebecca Rd	School Countitle
	•		
			(0)
	·		



Municipal Form
Office of Campaign and Political Finance

City or Town of: Northbridge							
Please print or type all information, except signatures.							
Fill in dates: Month Da Reporting Period Beginning June	Year Month 2016 Ending DCC	ember 31 2016					
Type of Report: (Check One) 8th day preceding Sth day preceding preliminary/primary	ng election	etion 20th day of January (Year-End Report)					
 I certify that I am a candidate for or hold Ma I certify that I have not received any contribute reporting period, and do not have a campaige I certify that I do not have a political committee. 	utions, made any expenditures, or incurred in fund in existence.	any obligations during this					
DATE I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT					
27H alle	231JIRPENSON LUS	SELECTMAN					
- Yall Charle Congramit	41 Henry St.	Schoolmen					
16 / 32	278 Benson RO	Planning board					



Municipal Form

Office of Campaign and Political Finance

17 JAN -6 AHII: 00

City or Town of:	116	idge .			,	- Direction	STATIONERK
		Please print or ty	pe all informa	tion, except :	signatures.		
Fill in dates: Reporting Period Beginning	Month	Day 2/	Year 2017	Ending	Month	Day Zo	Year 2317
Type of Report: (Check One		ay preceding elect	ion	th day follow	ving election	20	th day of January
preliminary/primary				own or Specia			ar-End Report)
Pursuant to M.G.L., Chapter	55:						
		on hald Marieta d	000				
 I certify that I am a car I certify that I have not 	received a	my contributions, 1	made any exp	enditures, or	incurred any	y obligations d	uring this
reporting period, and d	o not have	a campaign fund i	n existence.	•			J

3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/6/19	That	294 Bensmad	Planning Sodyel
			11/0/7



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

17 JAN 11 AM 10: 47

City or Town of: Nov	hBRIDGE-
----------------------	----------

The state of the s

Please print or type all information, except signatures.								
Fill in dates: Reporting Period Beginning_	Month /	/	Day /	/	Year	Ending /2	Day Year	
Type of Report: (Check One)							$\overline{}$
8th day preceding preliminary/primary	□ 8th	day pred	ceding e	lection		30th day following election (Town or Special)	20th day of January (Year-End Report)	

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed the penalties of registry	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
9/17	Julalla	58 IVY LANC	Trusters F/Vet Hem
lalin	Ham Bers	SU EAST ST	Trusters soldiers meniale
19/17	Jawa & Gallylin	153 Havilge Price 1580	Trus Tees Soldier Memorial
19/17	Thomas C. Farley	401 Cooper Rd	Trutees Soldiers Memorial
	667/2	12/31/16	3.85
19/17	Fred on	315 Rumonos K. De	Trustees Soldiers Mangral
12/17	Rand Zauca	59 Rumonoski Dr.	School Commillo
	0		
8			
A			



City or Town of: Northbridge		
Please pr	int or type all information, except signatu	res.
Fill in dates: Month Daniel Reporting Period Beginning January	Year Mont	
Type of Report: (Check One)		
8th day preceding preliminary/primary	ng election	ection 20th day of January (Year-End Report)
Pursuant to M.G.L., Chapter 55:		
 I certify that I am a candidate for or hold Mt I certify that I have not received any contribute reporting period, and do not have a campaig I certify that I do not have a political committee 	utions, made any expenditures, or incurre n fund in existence.	d any obligations during this
DATE I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
3/16 Jour H. Pallylin	153 Hentage De	Tustees
May-mo/ Chinh Conforme /	41 Hamy St	Board of Seletman
23-16 andotton	231 JEfferson the	SECECTHAN
	,	
		16
·		



Commenwealth of Massachusetts	Municipal Form Office of Campaign and Political Finance	
City or Town of: Northbridge		23 9
	print or type all information, except signatu	rres.
Fill in dates: Reporting Period Beginning Jan	Day Year Mont	th Day Year 31 2.016
Type of Report: (Check One) Sth day preceding Sth day prece preliminary/primary	eding election	ection 20th day of January (Year-End Report)
Pursuant to M.G.L., Chapter 55: 1. I certify that I am a candidate for or hold I 2. I certify that I have not received any contreporting period, and do not have a campa 3. I certify that I do not have a political common period.	ributions, made any expenditures, or incurre aign fund in existence.	ed any obligations during this
DATE I. SIGNATURE Signed under the penalties of perjur		III. OFFICE SOUGHT
120/17 Olley/ Sem	- 40 Heritage Dr.	Housing Authority
•		



17 JAN 25 PH 4:30

City or Town of:_	NOAL	brida	MA
		7	

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning_	Month	Day {	Year 2016	Ending	Month (2-	Day 31	Year Qui 6
Type of Report: (Check One 8th day preceding preliminary/primary		preceding elect		th day follow	ving election al)		th day of January ar-End Report)
Pursuant to M.G.L., Chapter:	didate for or						

- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/2/17	Kelhanne L Macy	110 walter st who 0138	School Committee
	•		
			•
		-	



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

17 JAN 23 PH 5: 16

City or Town of: NOthbridge	n zin	- mmorns						
Please print or type all information, except signatures.								
Fill in dates: Reporting Period Beginning Month Pay Year Ending Company E	Day 3	2016						
Type of Report: (Check One) 8th day preceding preliminary/primary 8th day preceding election (Town or Special)	20	Oth day of January ear-End Report)						

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATORE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
13010		306 M. Main Stread	HOUSING AUTHORITY
	John Shannahan		Short
			,



Form CPF M 102-0: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

RECERMIN

17 JAN 18 M 9: 42

(Year-End Report)

City or Town of:	athbaid	ge				\$ c . 4	(1986)	性素
	P	lease print or type	all infor	mation, except s	signatures.	g Com		
Fill in dates: Reporting Period Beginning	Month /	Day /	Year 70/	6 Ending	Month 12	Day	Year Zeilo	
ype of Report: (Check One 8th day preceding preliminary/primary		preceding election		30th day follow	_		h day of January	

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/5/17	Q.S.	26 Flm Sheet	Housing Authority
			#



City or	Town	of:	Mor	th	bri	ida	e_	
						7		_

	U			
	Please print or type	all information, except sig	natures.	
Fill in dates: Reporting Period Beginning	Month Day January I	Year 2016 Ending D	Month Day December 31	2016
Type of Report: (Check One)				
8th day preceding preliminary/primary	8th day preceding election	30th day following (Town or Special)	_	h day of January ur-End Report)
	5: lidate for or hold Municipal Of received any contributions, mad		urred any obligations du	ring this
reporting period, and do 3. I certify that I do not hav	not have a campaign fund in e	xistence.	ured any obligations du	ring uits
DATE SIGN	ATTIRE II B	ESIDENTIAL ADDRESS	III OFFI	CE COLICUT

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/23/1	r k	221 SAMEL DR. 41 Alana Dr	SCETTAN
1/23/17	Danis ARI	41 Alana Dr	Select man
		4	
	-		,
1		,	



Municipal Form
Office of Campaign and Political Finance

17 JAN -9 PH 6: 31

City or Town of:	Northbridge
	7

	Please print or type all information, except signatures.							
Fill in da Reporting	tes: g Period Beginning_		Day Yes	er 1/6 Endin	Month g gon.	Day	Year 2017	
Type of I	Report: (Check One	·)			<u> </u>			
1	n day preceding liminary/primary	8th day prece	ding election	30th day fol (Town or Sp	lowing election	€ C	day of January -End Report)	
Pursuant	to M.G.L., Chapter	55:						
2. I ce rep		received any control on not have a campa ave a political comment	ributions, made an aign fund in existe mittee. II. RESI	nce. DENTIAL ADI	DRESS		ing this	
1-9-17	Signed under the	penalties of perjur	y (SII	eet and Number	11/6-1	B /	1.00 1.A	
		Jan peul	X 3 / / WW	age/sr;	M MUCH.	1 ward	OK SEXIEMMEN	
		<u> </u>				•		
	···		_ 1 .					



Municipal Form

Office of Campaign and Political Finance

N (14 - F) (171, 13

City or Town of: NORTH bridg		
------------------------------	--	--

HIP ME LANGLIN

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning	Month O	Day Ol a	Year 26/6	Ending 8172	3/Day	Year 26/6
Type of Report: (Check On	ie)					/
8th day preceding preliminary/primary	□ 8th da	ny preceding elect	ion 🗆	30th day following election (Town or Special)		Oth day of January Year-End Report)

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	
	Signed under the penalties of perjury	(Street and Number)	III. OFFICE SOUGHT
1-20-17	Kibo	192 Rebeccer Rd Whitmsville MA 01588	Planning Bornel
•		Whitmsville,MA	
		01588	
		a	
			9



Municipal Form

Office of Campaign and Political Finance

	- X			
City or Town of:	N	lorth bridge		

Please print or type all information, except signatures.

FICASC	: bimit of type an inte	imation, except signatures.	
Fill in dates: Month Reporting Period Beginning January	Day Year	Ending Decemb	Day Year Day 2016
Type of Report: (Check One) 8th day preceding 8th day preceding preliminary/primary	eding election	30th day following election (Town or Special)	20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	1. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	<u> </u>
1/23/1	1 R	221 SANCER DR	SCIETTAD
1 23 17	Danis ARL	41 Alana Dr	Selectman Selectman
		•	



Form CPF M 102-0: Campaign Finance Report Municipal Form

TOULINED

17 JAN -5 PM 1: 5

Office of Campaign and Political Finance

City or Town of: Northbudge		William Control of the Control of th
Please print or ty	pe all information, except signatures	5.
Fill in dates: Month Day Reporting Period Beginning O () 2	Year Month Ending 17	Day Year 31 2016
Type of Report: (Check One) 8th day preceding sth day preceding elect preliminary/primary	ion 30th day following elect	ion 20th day of January (Year-End Report)
Pursuant to M.G.L., Chapter 55:		

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	
	2 ll des	1000 0	POST,
JANS, 7017	Seff T. Konzman	440 Grake-St NOAX 6:000	Blackstone Uilla Voc. Ray S.D.
201.1	Called Mary and Contract	Vice (Chronal miles and 1212
	" "	<i>ा</i> ३ व	
		``	
		•	
			,
	•		
	1		
		-	
1			
			<u> </u>
			11/97



			3110
1998			
100			

		Please print or type al	i Mirer	IIIAIIO	ii, except :	ignatures.		
'ill in dates: Reporting Period Beginning	Mon		Y sar	6	Ending_	Month 96c	Day	Year 2014
Type of Report: (Check One 8th day preceding preliminary/primary	_	8th day preceding election			day follov n or Speci	ving election al)		th day of January ar-End Report)

- reporting period, and do not have a campaign fund in existence.

 3. I certify that I do not have a political committee.

		II. RESIDENTIAL ADDRESS	III. OFF CE SOUGHT
DATE	I. SIGNATURE		111. 01100 3333311
	Signed under the penalties of perjury	(Street and Number)	
1/20/11	Mark Kg	111 LLUB HOUSE LN	PLANNENL BOARD
1/2/1-2			
		b	
		1	
		V	
		,,,	
			11/97



Municipal Form

Office of Campaign and Political Finance

RECLIVED

17 JAN -5 PHI2: 39

City or Town of: Northbridge

Please print or type all information, except signatures.

Fill in da		onth Day		Month		Year
Reportin	g Period Beginning J	anuary 1	2016	Ending Dece	ember 31	2016
Typ: of	Report: (Check One)			_		
			_			
1	h day preceding	8th day precedin	g election 🗀 30th	n day following elec	tion 💆 20th	day of January
pre	eliminary/primary			vn or Special)		r-End Report)
Pursuant	to M.G.L., Chapter 55:					
	io in.o.b., onaptor 55.					
1. I c	ertify that I am a candid	late for or hold Mu	nicipal Office.			
2. I c	ertify that I have not rec	ceived any contribu	tions, made any exper	nditures, or incurred	any obligations dur	ing this
гер	orting period, and do n	ot have a campaign	fund in existence.			
3. 1 Ct	ertify that I do not have	a political commit	tee.			
DIE	I. SIGNA		II. RESIDENTI	AL ADDRESS	III. OFFI	CE SOUGHT
	Signed under the per	alties of perjury	(Street and	Number)		
1/5/16	Panela L.	Ferrara	306 Jessi	callar	Planarias	Board Member
 /			00000		1 (41)	C30.4 & 1 (C148C)
						
				<u> </u>		
	<u> </u>					
	•					
						
-						
** ***						



17 JAR-4 AMII:59

City or Town of: NORTHBRIDGE

MENTALS FOR STREET

Please prir	nt or type all information, except signature	### #################################
Fill in dates: Month Day Reporting Period Beginning	Year Month 2016 Ending DE	
Type of Report: (Check One) Sth day preceding Sth day precedin preliminary/primary	ng election 30th day following elec (Town or Special)	tion 20th day of January (Year-End Report)
Pursuant to M.G.L., Chapter 55: 1. I certify that I am a candidate for or hold Mu. 2. I certify that I have not received any contribureporting period, and do not have a campaign 3. I certify that I do not have a political committee.	ations, made any expenditures, or incurred a fund in existence.	any obligations during this
DATE I. SIGNATURE Signed upder the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/4/17 Candita	124 Eben Chamb.	ReDev Duthoring
		1



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

17 FEB -7 AH 10: 53

Fill in Reporting Period dates: Beginning Date: Jan :	1, 2016 Ending Date: Dec 31, 2016			
	The state of the s			
Type of Report: (Check one)	7.2			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution			
Michael J. LeBrasseur	Committee to Elect Mike LeBrasseur			
Candidate Full Name (if applicable)	Committee Name			
School Committee / Northbridge, MA Office Sought and District	Rebecca LeBrasseur Name of Committee Treasurer			
295 Hillcrest Road, Whitinsville, MA 01588	295 Hillcrest Road, Whitinsville, MA 01588			
Residential Address	Committee Mailing Address			
E-mail: mlebrasseur@hotmail.com	E-mail: mlebrasseur@hotmail.com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	10.1			
Line 2: Total receipts this period (page 3, line 11)	0			
Line 3: Subtotal (line 1 plus line 2)	10.1			
Line 4: Total expenditures this period (page 5, lin	ne 14) 0			
Line 5: Ending Balance (line 3 minus line 4)	10.1			
Line 6: Total in-kind contributions this period (pa	page 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	164.15			
Line 8: Name of bank(s) used: Unibank				
	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 2.6.17 Dox only) 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. Separate report The best of my knowledge and belief, a true and complete statement of all campaign the best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury: Merkel Byrane (Candidate's signature) Date: 1/31/17				

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)
Line 9: Total Receipt	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
Line 11: TOTAL RE	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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
	7	The same was the same with the same was the same with the same was the	- mpoor or araportation o	110000
The second secon		The state of the s		Management of the second
		The state of the s		
			THE PROPERTY OF THE PROPERTY O	
and the second s				
- I - I - I - I - I - I - I - I - I - I				and the same of th
Water-Color				
		The state of the s		
		Market Inspection of the Control of		
		a managa		
in the second se				
			——————————————————————————————————————	
		7.11		
		Line 12: Total Expenditures ove	r \$50 (or listed above)	
		Time 12. Your Dybelldimies 04c	a han (or Horen annie)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
			a.	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES 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.

Page 4

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
				Principal Control of the Control of
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	

^{*} 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
3/7/2007	Michael LeBrasseur	295 Hillcrest Road, Whitinsville, MA 01588	loan from candidate	132.37
3/6/2009	Michael LeBrasseur	295 Hillcrest Road, Whitinsville, MA 01588	loan from candidate	31.78
Translation of the state of the				
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 164.15				164.15



17 JAN 26 PM 1:03

City or Town of: North bridge	CONTRACTOR			
Please print or type all information, except signatures.				
Fill in dates: Month Day Year Month Reporting Period Beginning December 5 2016 Ending December	Day Year 31 2016			
Type of Report: (Check One) 8th day preceding preliminary/primary 8th day preceding election preliminary/primary 7th day preceding election (Town or Special)	20th day of January (Year-End Report)			
Pursuant to M.G.L., Chapter 55: 1. I certify that I am a candidate for or hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.				

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/201	+ Natheen Charbon	ear 10 A Colonial	
/ /			
			69
	·		
			11/07