



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2012 JAN 17 P 3:48

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	10	22	2011		12	31	2011

Type of report: (Check one)

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

William M. Roche
 Full Name of Candidate (if applicable)

Alderman Ward 1 Somerville
 Office Sought and District

17 MacArthur St Somerville MA 02145
 Residential Address

Tel. No. (optional)

Committee to Elect William M. Roche
 Committee Name

Walter Cashman
 Name of Committee Treasurer

← Same
 Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 21,814.80
Line 2: Total receipts this period (page 2, line 11)	\$ 80.24
Line 3: Subtotal (line 1 plus line 2)	\$ 21,895.04
Line 4: Total expenditures this period (page 3, line 14)	\$ 4,001.72
Line 5: Ending balance (line 3 minus line 4)	\$ 17,893.32
Line 6: Total in-kind contributions this period (page 4)	\$ —
Line 7: Total (all) outstanding liabilities (page 4)	\$ —
Line 8: Name of bank(s) used	<u>Members Plus Credit Union</u>

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.

Walter Cashman
 Treasurer's signature (in ink)

Signed under the penalties of perjury:
1/14/2012
 Date

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.

William M. Roche
 Candidate signature (in ink)

Signed under the penalties of perjury:
1/14/2012
 Date

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)
Line 9: Total receipts in excess of \$50 (or listed above)		—		
Line 10: Total receipts \$50 and under* (not listed above)		80 24		
Line 11: TOTAL RECEIPTS IN THE PERIOD		80 24		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.

This page may be copied 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	Amount	
	See Attached				
Line 12: Expenditures over \$50				3,882	77
Line 13: Expenditures \$50 and under*				118	95
Line 14: TOTAL EXPENDITURES				4001	72

Enter on page 1, line 4

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	—
			Line 16: In-kind \$50 and under	—
			Line 17: Total In-kind	—

* 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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	—

2011 Disbursements greater than \$50 for Year End Report

Date Paid	To Whom Paid	Address	City	State	Zip	Purpose	Amount
11/8/2011	Casey's	Broadway	Somerville	MA	02145	Lunch for poll workers	\$ 155.00
12/24/2011	Codders Inc	Broadway	Somerville	MA	02145	Donation Matignon Baseball	\$ 200.00
11/7/2011	Dunkin Donuts	Broadway	Somerville	MA	02145	Election day poll workers	\$ 254.76
12/15/2011	Dunkin Donuts	Broadway	Somerville	MA	02145	Gifts for Senior parties	\$ 220.67
11/21/2011	East Somerville Main Streets	Broadway	Somerville	MA	02145	Donation	\$ 100.00
10/22/2011	Friends of Somerville BB	Highland Ave	Somerville	MA	02144	Donation	\$ 200.00
12/23/2012	Mens Warehouse	McGrath Highway	Somerville	MA	02145	Tux for Inaugural	\$ 76.98
12/5/2011	Mystic Flowers	Mystic Ave	Somerville	MA	02145	Flowers for Joan Guarino wake	\$ 114.75
11/21/2011	SHS Blue liners	Highland Ave	Somerville	MA	02145	Donation	\$ 100.00
10/14/2011	Staples	Assembly Sq	Somerville	MA	02145	Happy # cards	\$ 201.38
11/15/2011	William Roche	MacArthur St	Somerville	MA	02145	Reimbursement for Calendar deliveries	\$ 600.00
11/11/2011	William Roche	MacArthur St	Somerville	MA	02145	Reimbursement for Election day and Senior parties	\$ 459.65
12/22/2011	William Roche	MacArthur St	Somerville	MA	02145	Reimbursement for Senior parties, office supplies, dinner with campaign staff	\$ 1,199.58
							<u>\$ 3,882.77</u>