



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="4,350"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="4,350"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="3,104.88"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="1,245.12"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Boston Private Bank and Trust Company"/>

RECEIVED
 TOWN CLERK'S OFFICE
 WELLESLEY MA 02482
 2011 FEB 18 P 1:24

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.

Signed under the penalties of perjury: (Treasurer's signature) Date:

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.

Signed under the penalties of perjury: (Candidate's signature) 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.

(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)
Mar 12, 2011	Amy Axelrod 189 Washington Street Wellesley, MA 02481	100	
Feb 2, 2011	Robert Buffum 16 Ridge Hill Road Wellesley, MA 02482	200	Banker with Boston Private bank and Trust Co.
Feb 9, 2011	Mary and George Dummer 10 Princeton Road Wellesley, MA 02482	100	
Jan 24, 2011	Miguel Lessing and Susan Hurwitz 45 Russell Road Wellesley, MA 02482	100	
Feb 26, 2011	Morris Kellogg 36 Sawyer Road Wellesley, MA 02481	300	Retired
Jan 22, 2011	Ellen Korpi 39A Oak Streer Wellesley, MA 02481	100	
Jan 25, 2011	Stephen Mahoney 20 Emerson Road Wellesley, MA 02481	100	
Jan 28, 2011	Keith Marden 67 Standish Road Wellesley, MA 02481	100	
Feb 9, 2011	Ann Marie and Don McCauley 7 Pine Plain Road Wellesley, MA 02481	100	
Jan 25, 2011	Mark Miller 67 Fairbanks Ave Wellesley, MA 02481	100	
Jan 21, 2011	Jack Morgan 112 Abbott Road Wellesley, MA 02481	250	Consultant with Morgan Biotech Consulting
Jan 29, 2011	Susanne and Douglas Newman 4 Frost Circle Wellesley, MA 02482	75	
Line 9: Total Receipts over \$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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Jan 27, 2011	Tom Reilly 65 Bristol Road Wellesley, MA 02481	100	
Jan 21, 2011	Barbara Searle 118 Parker Road Wellesley, MA 02481	750	Candidate and Banker with Boston Private Bank and Trust Co.
Jan 26, 2011	Susan Troy 54 Radcliffe Road Wellesley, MA 02482	300	Self employed Catholic Minister
Jan 28, 2011	Terri Tsagaris 73 Longfellow Road Wellesley, MA 02481	100	
Jan 28, 2011	Sue and Fred Wright 10 Ingersoll Road Wellesley, MA 02481	300	Retired
Line 9: Total Receipts over \$50 (or listed above)		3,175	
Line 10: Total Receipts \$50 and under* (not listed above)		1,175	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,350	← 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	Amount
Jan 31, 2011	Boston Private Bank and Trust Co.	10 PO Square Boston, MA 02109	Bank service charges and checking supplies	67.99
Feb 10, 2011	Barbara Searle	118 Parker Road Wellesley, MA 02482	Reimbursement of campaign expenses - See attached Form R1	880.89
Feb 14, 2011	Barbara Searle	118 Parker Road Wellesley, MA 02482	Reimbursement of campaign expenses - See attached Form R1	2,156
Line 12: Total Expenditures over \$50 (or listed above)				3,104.88
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,104.88

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.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text" value="2/10/2011"/>
Name of Individual Being Reimbursed:	<input style="width: 90%;" type="text" value="Barbara Searle"/>
Committee Name:	<input style="width: 90%;" type="text" value="Committee to Re-Elect Barbara Searle"/>
CPF ID Number (if applicable):	<input style="width: 40%;" type="text"/> Telephone Number (optional): <input style="width: 40%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Jan 15, 2011	Wellesley Post Office	Wellesley, MA 02482	Purchase of Stamps	\$52.80
Feb 4, 2011	I Copy	298 Washington Street Wellesley, MA 02481	Purchase of Postcards	\$456.88
Feb 8, 2011	Town of Wellesley	Wellesley, MA02482	Purchase of Mailing labels	\$307.48
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	817.27
			Line 2: Expenditures \$50 or under (not itemized):	63.73
			Line 3: TOTAL AMOUNT REIMBURSED:	880.89

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer **MARK D. MILLER**

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



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Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 2/14/2011

Name of Individual Being Reimbursed: Barbara Searle

Committee Name: Committee to Re-Elect Barbara Searle

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Feb 12, 2011	Wellesley Post Office	Wellesley, MA 02482	Purchase of Stamps	\$2,156.00
				\$0.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

2,156

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

2,156

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Mark D. Miller
MARK D. MILLER

Date: 2/16/2011

Please prepare a separate report for each reimbursement check issued by the committee.