



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

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BRAINTREE, MA

2015 OCT 26 AM 11:11

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 11/1/2015 Ending Date: 10/23/15

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

MICHAEL J. OWENS  
Candidate Full Name (if applicable)

BRAINTREE DISTRICT 5  
Office Sought and District

29 CRESCENT AVE, BRAINTREE MA 02184  
Residential Address

Telephone Number (optional): 781-654-7762

COMMITTEE TO ELECT MICHAEL OWENS  
Committee Name

SCOTT P. KILGARD  
Name of Committee Treasurer

29 CRESCENT AVE, BRAINTREE MA 02184  
Committee Mailing Address

Telephone Number (optional): 781-424-7479

### SUMMARY BALANCE INFORMATION:

|  |                |
|--|----------------|
| Line 1: Ending Balance from previous report              | <u>\$68.93</u> |
| Line 2: Total receipts this period (page 3, line 11)     | <u>\$0-</u>    |
| Line 3: Subtotal (line 1 plus line 2)                    | <u>\$68.93</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <u>\$0-</u>    |
| Line 5: Ending Balance (line 3 minus line 4)             | <u>\$68.93</u> |
| Line 6: Total in-kind contributions this period (page 6) |                |
| Line 7: Total (all) outstanding liabilities (page 7)     |                |
| Line 8: Name of bank(s) used:                            |                |

#### 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: [Signature] (Treasurer's signature) Date: 10/23/15

#### 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: [Signature] (Candidate's signature) Date: 10/29/15











