

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date: 6/	17/2013 Ending Date: 7/20/2013					
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution						
Edward Boyce Candidate Full Name (if applicable)	Committee Name					
Selectmon Office Sought and District	Name of Committee Treasurer					
81 Hoynes Hill Rd Residential Address	Committee Mailing Address					
Telephone Number (optional):	Telephone Number (optional):					
SUMMARY BALANC	E INFORMATION:					
Line 1: Ending Balance from previous report	-438.73					
Line 2: Total receipts this period (page 3, line 11)	472.73					
Line 3: Subtotal (line 1 plus line 2)	34.73					
Line 4: Total expenditures this period (page 5, line						
Line 5: Ending Balance (line 3 minus line 4)	6					
Line 6: Total in-kind contributions this period (page	(6 ag					
Line 7: Total (all) outstanding liabilities (page 7)	G R C V D					
Line 8: Name of bank(s) used:	NA					
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:						
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.						

(Candidate's signature)

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	Edward Boyce		UCONA Health Center
7/20/2013	Edward Busice 81 Haynes Hill Rd, Wales	472.73	UCONA Health Center Farmington, Ct
	The second secon		
		111111111111111111111111111111111111111	
		Line and the second sec	
		The state of the s	
		To have a series of the series	
1		***************************************	
			4
The state of the s			
THE PROPERTY OF THE PROPERTY O			
ine 9: Total Receip	ots over \$50 (or listed above)	472.73	
ine 10: Total Receip	pts \$50 and under* (not listed above)	>	
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	472.73	← Enter on page 1, line 2
If you have itemized r	receipts of \$50 and under, include them in line		d include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/23	Walmart	Sturbridge	Bottled water and Seltzers	\$20
6/24	Fortier Ice	Harnes Hill Rd Wales	Ice	\$14
			Account of the second of the s	
		Establishment		
	Line 12: Expenditures over \$50 (or listed above)			
	•	Line 13: Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD ### ### ### ### ### ### ### ### ### #				<u> </u>

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
A STATE OF THE STA	,			
				<u> </u>
		,		
THE WEST AND THE STATE OF THE S				
Construction of the state of th				
Land Land				
The state of the s				
TOTAL PROPERTY OF THE PROPERTY				
			·	
				Containing to containing the containing to the c
		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 CONTRIBUTIONS			6

^{*} 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