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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning April 22 ^{Month} 2015 ^{Date} ^{Year} Ending 12 ^{Month} 31 ^{Date} 2015 ^{Year}

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

Judith A. DiBrigida
 Full Name of Candidate (if applicable)
Blog Health - Orleans
 Office Sought and District
12 Freedom Trail
 Residential Address
Orleans, MA 02653
 Tel. No. (optional) 508-240-1336

No Committee
 Committee Name
 Name of Committee Treasurer
 Committee Mailing Address
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0.00
 Line 2: Total receipts this period (page 2, line 11) \$ 271.87
 Line 3: Subtotal (line 1 plus line 2) \$ 271.87
 Line 4: Total expenditures this period (page 3, line 14) \$ 271.87
 Line 5: Ending balance (line 3 minus line 4) \$ 0.00
 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 _____

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 (in ink) _____

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.

Signed under the penalties of perjury:

Judith A. DiBrigida
 Candidate signature (in ink)

Dec. 31, 2015
 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)
4-22-15	Judith A. Di Biase	271	87	Registered Nurse Retired
	12 Freedom Trail Dorchester, MA 02653			
Line 9: Total receipts in excess of \$50 (or listed above)		271	87	
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		271	87	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 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
4-22-15	Judith A. Di Brigida	12 Freedom Trail Orleans, MA 02653	Transfer of money	\$271.87
	Registered Nurse Retired			
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 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.

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
4-22-15	Signs On The Cheap	11525A Stonehollow Drive, Suite 100 Dustin, Texas 78758	20 Signs & Stakes	\$271.87
Line 18: OUTSTANDING LIABILITIES (ALL)				271.87

Enter on page 1, line 7