



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 Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 1 Date 1 Year 10 Ending Month 12 Date 31 Year 10

Type of report: (Check one)

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

John Mahoney Jr.
Full Name of Candidate (if applicable)
Selectman
Office Sought and District
8 Whiting Street
Residential Address
Plymouth 508-747-3830
Tel. No. (optional)

Elect Mahoney Committee
Committee Name
Jennifer G. Mahoney
Name of Committee Treasurer
8 Whiting St., Plymouth
Committee Mailing Address
508-747-3830
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 5754.63
Line 2: Total receipts this period (page 2, line 11) \$ 4600.00
Line 3: Subtotal (line 1 plus line 2) \$ 10354.63
Line 4: Total expenditures this period (page 3, line 14) \$ 1761.53
Line 5: Ending balance (line 3 minus line 4) \$ 8593.10
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used Rockland Trust

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 1/19/11

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:

Candidate signature (in ink)

Date 1/20/11

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)
1/11/10	LOCAL 4 IUEC	500 -	
1/13/10	BOSTON Carpenters Union LOCAL #589	200 -	
1/20/10	LOCAL 7 IRONWORKERS	250 -	
1/27/10	Sprinkler Fitters LOCAL #538	300 -	
2/3/10	LOCAL 17 Sheetmetal Workers	100 -	
2/18/10	Asbestos Workers LOCAL #6	100 -	
3/14/10	IBEW LOCAL #2232	250 -	
3/13/10	IBEW LOCAL #223	100 -	
5/24/10	LOCAL 33 Roofers	200 -	
6/1/10	Asbestos Workers LOCAL 6	100 -	
6/6/10	IBEW LOCAL #2222	200 -	
6/18/10	LABORERS LOCAL #721	150 -	
6/20/10	DC LOCAL #35 Painter/Allied Trades	100 -	
6/26/10	LOCAL #12 Plumbers	250 -	
7/3/10	IBEW LOCAL #223	100 -	
7/6/10	IUEC LOCAL 4 PAR	100 -	
12/4/10	LOCAL 33 Roofers	250 -	
12/5/10	DC LOCAL #35 Painter/Allied Trades	150 -	
12/12/10	Sheetmetal LOCAL #17	200 -	
12/12/10	IBEW #223	200 -	
12/18/10	LOCAL 4 IUEC	700 -	
12/24/10	LOCAL 7 Ironworkers	250 -	
12/31/10	LOCAL 12 Plumbers	250 -	
12/31/10	LOCAL 537 Pipefitters	200 -	
Line 9: Total receipts in excess of \$50 (or listed above)		4600 -	
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 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	
Enter on page 1, line 6			Line 16: In-kind \$50 and under	
Enter on page 1, line 6			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)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.