



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.

RECEIVED
TOWN CLERK'S OFFICE
PLYMOUTH, MA
2012 JUN 12
AM 10:12

Fill in dates: Reporting Period Beginning MAY 6 2012 Ending JUNE 1 2012

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

KENNETH BUECHS
Full Name of Candidate (if applicable)
PLYMOUTH PLANNING BOARD
Office Sought and District
146 BARTLETT RD PLYMOUTH
Residential Address
MA 508 224 8042
Tel. No. (optional)

COMMITTEE TO ELECT KENNETH BUECHS
Committee Name
KAREN BUECHS
Name of Committee Treasurer
146 BARTLETT RD PLYMOUTH
Committee Mailing Address
MA 508 224 8042
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:	
Line 1: Ending balance from previous report	\$ <u>2033.50</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>200.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>2233.50</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1713.93</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>519.57</u>
Line 6: Total in-kind contributions this period (page 4)	\$ _____
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1723.38</u>
Line 8: Name of bank(s) used	<u>CITIZENS BANK</u>

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) [Signature] Date 6.8.12

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 _____

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)
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)		200	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		200	00	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
			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
5/2/12	K+K BUECHS	146 BARTLETT RD PLYMOUTH	STAPLES INK CARTRIDGES	35.57
5/2/12	K+K BUECHS	146 BARTLETT RD PLYMOUTH	PRE ELECTION DEBATE DINNER	130.51
5/12/12	K+K BUECHS	146 BARTLETT RD PLYMOUTH	ELECTION OFF NIGHT PARTY	76.06
			Line 18: OUTSTANDING LIABILITIES (ALL)	242.14

Enter on page 1, line 7

$$\frac{A}{441.72} + \frac{B}{483.54} + \frac{C}{158.63} + \frac{D}{397.35} + \frac{4}{242.14} = \$1723.38$$

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
1/30/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	POSTCARDS	74.25 -
1/30/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	MAILINGS FOR POST CARDS	239.96 -
1/25/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	BOOK OF STAMPS	9.00 -
2/4/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	PARTY TRAYS + CONDIMENTS	96.23 -
2/5/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	CHINETTE PLATES	22.28 -
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		441.72 -

A
 $\$ 441.72 + 483.54 + 158.63 + 397.35 = 1481.24$

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SCHEDULE D: LIABILITIES

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Date Incurred	To Whom Due	Address	Purpose	Amount
2/5/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	CUTLERY, CUPS, NAPKINS	28.66 -
2/6/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	FOOD TONGS	8.36 -
2/9/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	6 BAGS ICE	7.50 -
2/9/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	BARTENDER	165.00 -
2/9/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	FOOD TRAYS + SANDWICHES	274.02 -
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		483.54 -

A B C D
 $\$ 441.72 + 483.54 + 158.63 + 397.35 = 1481.24$

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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
4/17/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	WINE	39.97
4/22/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	BREAKFAST MEETING	18.66
2/3/12	KENNETH + KAREN BUECHS	146 BARTLETT ROAD PLYMOUTH	LOAN	100.00
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	158.63

$\$441.72 + 483.54 + 158.63 + 397.35 = \1481.24

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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)	

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