



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning March 25 2012 Ending May 3 2012

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

Malcolm A. MacGregor
Full Name of Candidate (if applicable)
Planning Board
Office Sought and District
168 Jordan Road
Residential Address
Plymouth, Ma 02360
Tel. No. (optional)

Committee for Elected Malcolm MacGregor
Committee Name
Hollace MacGregor
Name of Committee Treasurer
12 Shore Rd Unit 2A
Committee Mailing Address
Plymouth, MA 02360
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ _____
Line 2: Total receipts this period (page 2, line 11)	\$ <u>4485.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4485.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3450.90</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1034.10</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>259.86</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ _____
Line 8: Name of bank(s) used	<u>Rockland Trust</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.
Hollace MacGregor Signed under the penalties of perjury: May 3, 2012
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.
Malcolm A. MacGregor Signed under the penalties of perjury: May 3, 2012
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)
4/3/12	Susan Abbott 33 HERRING Way Plymouth	100 00	
3/29/12	Michael Babini 4 Burnswallow Plymouth	100 00	
4/10/12	Maecia Baum 365 Court St Plymouth	100 00	
4/6/12	Edward Conroy 1 Park Place Suite 3A Plymouth	100 00	
4/6/12	Michael Hanlon 1 Wayside Path Plymouth	100 00	
3/29/12	Jean Koewenbergh 39 W. Long Pond Rd Plymouth	500 00	Loomis-Sayles ATTORNEY ✓
4/3/12	Ann Lynch 6 Grey Shale Plymouth	100 00	
4/2/12	Malcolm MacGregor 108 Jordan Rd Plymouth	500 00	professor MASS Maritime Academy
4/3/12	Fay Meltzer 6 Oak and Line Plymouth	100 00	
4/5/12	Leighton + Dorothy Price 570 Mast Rd Plymouth	100 00	
4/5/12	Patrick Quinn Sr 32 Veanon St. Plymouth	100 00	
3/29/12	Craig Richards 121 W. Long Pond Rd. Plymouth	100 00	
4/3/12	Lawrence Rosenblum 39 W. Long Pond Rd. Plymouth	500 00	Urbanimage Corp. president ✓
4/5/12	Charlotte Russell 725 Long Pond Rd Plymouth	300 00	retired ✓
4/5/12	Edward Russell 725 Long Pond Rd Plymouth	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)			
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
4/5/12	Evelyn Stearn	147 College Road Pt Plymouth	cake for kick-off	115.00
Line 15: In-kind over \$50				115.00
Line 16: In-kind \$50 and under				144.86
Line 17: Total In-kind				259.86

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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7