



# 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 Jan 1 <sup>Month</sup> 2019 <sup>Date</sup> 2019 <sup>Year</sup> Ending May 3 <sup>Month</sup> 2019 <sup>Date</sup> 2019 <sup>Year</sup>

**Type of report: (Check one)**

8th day preceding primary     8th day preceding election     year-end report     dissolution     other (specify)

WENDY F Cochrane  
Full Name of Candidate (if applicable)

Collector of Taxes  
Office Sought and District

520 Berkley St  
Residential Address

Berkley, MA 02739 5088226391  
Tel. No. (optional)

MA  
Committee Name

MA  
Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$	<u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>712.50</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>712.50</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>712.50</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>0</u>
Line 6: Total in-kind contributions this period (page 4)	\$	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>0</u>
Line 8: Name of bank(s) used		<u>None</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) \_\_\_\_\_ 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:

Wendy F Cochrane  
Candidate signature (in ink) \_\_\_\_\_ Date 5-2-19





## 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			<b>Line 15: In-kind over \$50</b>	
			<b>Line 16: In-kind \$50 and under</b>	
			<b>Line 17: Total In-kind</b>	

\* 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			<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>	



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/4/19 Ending Date: 6-10-19

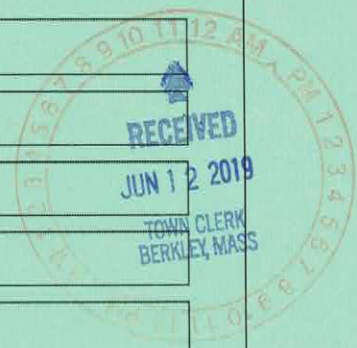
Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

WENDY F Cochrane  
Candidate Full Name (if applicable)  
Collector of TAXES  
Office Sought and District  
520 Berkley St Berkley  
Residential Address  
E-mail: WCOCH2448@AOL.COM  
Phone # (optional): 508-802-1263

N/A  
Committee Name  
Name of Committee Treasurer  
Committee Mailing Address  
E-mail:  
Phone # (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
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: Wendy F Cochrane WFC (Treasurer's signature) Date: \_\_\_\_\_

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with 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 that are not otherwise disclosed in this report.

##### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Wendy F Cochrane (Candidate's signature) Date: 6-12-19

