Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
MAY - 3 2018
TOWN CLERK
BERKLEY, MASS

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/1/2018 Ending Date: 5/31/18

Type of Report: (Check one)

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

Heather Martin-Sterling
Candidate Full Name (if applicable)

Selectman Berkley, MA
Office Sought and District

117 Padelford St Berkley, MA 02779
Residential Address

E-mail: hmartin_27@comcast.net

Phone # (optional): 508.981.4374

Committee to Elect Heather Martin-Sterling for Selectman
Committee Name

Wendy Medeiros
Name of Committee Treasurer

117 Padelford St Berkley, MA 02779
Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2019.49
Line 3: Subtotal (line 1 plus line 2)	2019.49
Line 4: Total expenditures this period (page 5, line 14)	1320.49
Line 5: Ending Balance (line 3 minus line 4)	699.00
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1020.49
Line 8: Name of bank(s) used:	Bristol County Savings

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) Date: 5/2/18

FOR CANDIDATE FILINGS ONLY: 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's signature) Date: 5/2/18

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
4/9/18	50 Sanford St Joan Blake	50.-	
4/9/18	Jay Briggs 44 Plain St E	50.-	
4/9/18	Paul Lefendre 49 N. Main St	50.-	
4/10/18	Valerie MacNamara 122 Centre St Somerset	100.-	
4/9/18	Wendy Medeiros 9 Seymour St	50.-	
4/9/18	Dan Nedda 2 Crystal Dr	50.-	
3/4/18	Heather Martin-Sterling 117 Padelford St	1020.49	(LOAD) Bookkeeper Self emp.
4/9/18	Marc Oliveira 17 Stanley Ave	50.-	
4/9/18	Jennifer Vincent 4 Mill Village	175.-	
4/11/18	Jilleen Solomon 36 Locust St	50.-	

Line 9: Total Receipts over $50 (or listed above)	1645.49
Line 10: Total Receipts $50 and under* (not listed above)	374.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	2019.49 ← 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 B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over $50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over $50. Expenditures $50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/9/2018	Boondocks Restaurant	18 North Main St Berkley, MA 02779	Meet the Candidate Event	300.00
3/4/2018	Build a Sign.com	11525A Stonehollow Dr Suite 100 Austin, TX 78758	yard signs and bumber stickers	1020.49

Line 12: Total Expenditures over $50 (or listed above)	1320.49
Line 13: Total Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1320.49

Enter on page 1, line 4 →

* If you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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
3/4/2018	Heather Martin-Sterling	117 Padelford St Berkley, MA 02779	Yard Signs & Bumper Stickers	1020.49

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 1020.49

Commonwealth of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:

Full Name: Heather M. Martin-Sterling

Residential Address: 117 Padelford St

City / State / Zip: Berkley MA 02779

E-Mail Address: hmartin-27@comcast.net Phone #: 508-981-4374

Party Affiliation: Independent (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: Selectman

District:

COMMITTEE:

Name of Committee: Comittee to Elect Heather Martin-Sterling For Selectman

(The name of the committee must include the candidate's last name)

Committee Mailing Address: 117 Padelford St

City / State / Zip: Berkley MA 02779 Phone #: 508 981-4374

OFFICERS:

Chairman: Carla P. Oliveira	**Treasurer*:** Wendy Medeiros
Residential Address: 17 Stanley Ave	Residential Address: 9 Seymour St
City / State / Zip: Berkley MA 02779	City / State / Zip: Berkley MA 02779
Phone #: 508-824-1108	Phone #: 508-272-8081 Email: wendf13@gmail.com
	*A public employee may not serve as treasurer of any political committee (see reverse).
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: Heather M. Martin-Sterling Date: 3/12/18

Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: Date: 3/12/18

Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY: Carla P Oliveira Date: 3/14/18

Chairman's signature

CPF ID #: _____
(For Office Use Only)

Commonwealth of Massachusetts

Form CPF D103: Appointment of Depository Bank

Office of Campaign and Political Finance

Committee Name: Committee to Elect Heather Martin-Sterling for Selectma
Office Sought/District: Selectman / Berkley
Candidate Name: Heather M. Martin-Sterling
Candidate E-Mail: hmartin_27@comcast.net
Treasurer Name: Wendy Mederos
Treasurer E-Mail:

ACTIVITY PRIOR TO ESTABLISHING DEPOSITORY BANK ACCOUNT

☑ By checking this box, I certify that prior to establishing this bank account, no money (including the candidate's own) was raised or spent for any political purpose. (If money was raised or spent prior to opening this bank account, please contact OCPF for information about how to disclose the activity)

I certify that the bank named below has been designated as the depository for campaign funds and I authorize said bank to submit to the Director of the Office of Campaign and Political Finance the reports required by M.G.L. Chapter 55. **I agree that all financial activity following the date the bank account is opened shall be conducted through the depository account.**

SIGNED UNDER THE PENALTIES OF PERJURY:

Heather Martin-Sterling
Signature of Candidate Date: 3/17/18

Signature of Treasurer Date: 3-17-18

(Below to be completed by bank)

BANK ACKNOWLEDGMENT

The undersigned bank is authorized to transact business and has its main office, or a branch office, in Massachusetts. The bank hereby acknowledges that it has been designated as the depository for campaign funds of the above named candidate or committee and agrees to file campaign finance reports with OCPF as required by c. 55 until such time as OCPF notifies the bank that its reporting requirements are no longer required.

Bank Name: Bristol County Savings
Date Account Opened: 3-17-18
Phone #: 508-824-1756
E-mail: lisa.Norvish@bcsbmail.com
Bank Mailing Address: 851 County St
City / State / Zip: Taunton MA 02780

Authorized by: Lisa Norvish
Title: Assistant Branch Manager
Lisa Norvish
Authorized Employee's Signature Date: 3/21/18