



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

Fill in Reporting Period dates: Beginning Date: MARCH 15 10 Ending Date: APRIL 25, 2010

Type of Report: (Check one)

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

JAMES J. DEVELLIS
Candidate Full Name (if applicable)

BOARD OF SELECTMEN
Office Sought and District

4 MCKENZIE LANE FOXBORO
Residential Address

Telephone Number (optional): _____

JAMES DEVELLIS FOR SELECTMAN
Committee Name

NICOLE DEVELLIS
Name of Committee Treasurer

4 MCKENZIE LANE; FOXBORO
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>N/A \$ 0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>5225.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5225.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>5097.85</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>127.15</u>
Line 6: Total in-kind contributions this period (page 6)	<u>184.20</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
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.

Signed under the penalties of perjury: Nicole DeVellis (Treasurer's signature) Date: 4-25-2010

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: [Signature] (Candidate's signature) Date: 4-25-10

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)
3/14/10	DAVID BROWN 17 MERRIMAN WAY; FOXBORO	200 ⁰⁰	CHARTIS INSURANCE CONSULTANT CHARTIS
4/16/10	KEVIN & LYNN BURKE 38 BARTON RD; FOXBORO	100 ⁰⁰	—
4/8/10	VIRGINIA COPPOLA 74 FAIRWAY LANE; FOXBORO	400 ⁰⁰	RETIRED
3/15/10	JAMES DEVELLUS 4 MCKENZIE LN; FOXBORO	100 ⁰⁰	—
3/15/10	NICOLE DEVELLUS 4 MCKENZIE LN; FOXBORO	100 ⁰⁰	—
4/13/10	SALVATORE & KARY DEVELLUS 4 WILLARD CIRCLE; FOXBORO	100 ⁰⁰	—
3/20/10	ANGELA DAVIS 4 KATHRYN RD; FOXBORO	100 ⁰⁰	—
4/9/10	JOHN GALIVAN 63 ALDEN ST; FOXBORO	100 ⁰⁰	—
4/15/10	DANNY & ANNUNAME MORINI 2 MCKENZIE LN; FOXBORO	100 ⁰⁰	—
4/10/10	MARIO & SANDRA MORINI 67 ANNUNAME RD; FALMOUTH	100 ⁰⁰	—
3/10/10	JOHN KENT 29 FAXON ST; FOXBORO	100 ⁰⁰	—
3/14/10	TERESA PATHE 6 JOSEPH RD; FOXBORO	200 ⁰⁰	NURSE OBGYN GROUP; ATTLEBORO
Line 9: Total Receipts over \$50 (or listed above)		1700 ⁰⁰	
Line 10: Total Receipts \$50 and under* (not listed above)		3425 ⁰⁰	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5225⁰⁰	← 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.

