

Cammonwealth of Massachusetts	orm CPF M 102-0: Muni Office of Campa	port S S S	
City or Town of: HAN OUT		information, except signatures.	SCERN SOVER
Fill in dates: Mont Reporting Period Beginning	h Day Y クト みり	rear Month	Day Year
Type of Report: (Check One)		<u> </u>	
☐ 8th day preceding ☐ 8 preliminary/primary	th day preceding election	30th day following election (Town or Special)	20th day of January (Year-End Report)
Pursuant to M.G.L., Chapter 55:	· ·		

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/5/2016	Kennot I. Blanchard	323 Kins STREET	PLANNING BOARD
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