



Commonwealth of Massachusetts

# Form CPF 102ND : Campaign Finance Report Office of Campaign and Political Finance

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2008 FEB -2 P 3 34  
CPF BOSTON, MA

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

Please print or type all information, except signatures.

**Fill in dates:**  
 Reporting Period Beginning January 1 <sup>Month</sup> 2009 <sup>Year</sup> Ending 1 <sup>Month</sup> 8 <sup>Date</sup> 2010 <sup>Year</sup>

**Type of report: (Check one)**  
 8th day preceding primary     8th day preceding election     year-end report     dissolution     30 days after special election

Joseph R. Rucker  
 Full Name of Candidate  
Boston City Council - DIST. 4  
 Office Sought/District  
603 TOWANANDA ST.  
 Residential Address  
DORCHESTER, MASS. 02124 6174360815  
 Tel. No. (optional)

Joseph R. Rucker  
 Committee Name  
'LOLS' H. Rucker  
 Name of Committee Treasurer  
603 TOWANANDA ST.  
 Committee Mailing Address  
DORCHESTER, MASS. 02124 6174360815  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>60-</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>160-</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>220-</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>120-</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>100.-</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>CITIZENS BANK, MORRISY BLVD. DORCHESTER MA 02122</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:  
Lai's H Rucker  
 Treasurer's signature (in ink) 2-1-10  
Date

**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, and 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, and 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:  
Joseph Rucker  
 Candidate's signature (in ink) 2-1-10  
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, CPF ID# 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)
7-13-08	Joseph H Ruckon 153 BRAWLEY ST DORCHESTER	60	-
11-10-08	Joseph H Ruckon 153 BRAWLEY ST DORCHESTER	100	-
Line 9: Total receipts in excess of \$50 (or listed above)	160	-	
Line 10: Total receipts \$50 and under* (not listed above)	-	-	
Line 11: TOTAL RECEIPTS IN THE PERIOD	160	-	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.*

This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
12-31-08	CITIZENS BANK	MORRISSEY BLVD - DORCHESTER MASS 02122	MAINTENANCE FEE CHECKING Account	120	-
Line 12: Expenditures over \$50				120	-
Line 13: Expenditures \$50 and under*				-	-
Line 14: TOTAL EXPENDITURES				120	-

Enter on page 1, line 4

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



## Form CPF R 1 : Itemization of Reimbursements

### Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: \_\_\_\_\_

Committee Name: \_\_\_\_\_ CPF ID #: \_\_\_\_\_

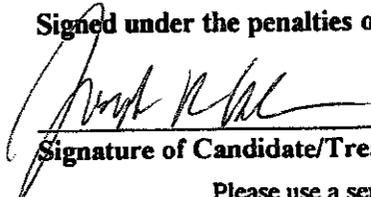
Amount of Reimbursement: \_\_\_\_\_

Date of Reimbursement: \_\_\_\_\_

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
	NO VENDORS WHERE	PAID - NO CAMPAIGN IN 2009		
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)				
<b>TOTAL AMOUNT REIMBURSED</b>				

Signed under the penalties of perjury:

  
\_\_\_\_\_  
Signature of Candidate/Treasurer

2-1-10  
\_\_\_\_\_  
Date

Please use a separate sheet for each reimbursement check issued.

### 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
				0
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
<b>Line 17: Total In-kind</b>				0

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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				0

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.





**Schedule E  
Disclosure of Assets Statement  
Office of Campaign and Political Finance**

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

CPF ID# \_\_\_\_\_

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: Committee to Elect Sr Ruckel Date of report: 1-8-2010

All candidates and committees must fill in part A or part B.

**Part A:**

No assets\* were acquired or disposed of by this candidate/committee during the period covered by this statement.

**Part B:**

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

\*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

*Joseph M. [Signature]*      2-1-10  
Candidate signature      Date

Signed under the penalties of perjury:

*Louis H. Becker*      2-1-10  
Treasurer signature      Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.