

# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance

	File with: City or Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date:	1/2/ Ending Date: 12/3/2 Z/
Type of Report: (Check one)	7
	30 day after election year-end report dissolution
Candidate Full Name (if applicable)  Candidate Full Name (if applicable)  Condidate F	Committee Name  Committee Name  Committee Name  Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):  Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	3028.25
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	3028.25
Line 4: Total expenditures this period (page 5, line	(a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
Line 5: Ending Balance (line 3 minus line 4)	3028.25
Line 6: Total in-kind contributions this period (pag	ge 6) 💪
Line 7: Total (all) outstanding liabilities (page 7)	O
Line 8: Name of bank(s) used:	Herosage BANK
Affidavit of Committee Treasurer:  1 certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of Candidate: (check 1 box Candidate with Committee)	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accommodate incurred any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of M.G.L. c. 55. I have not received any contributions
Candidate without Committee  1 certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this contributions.  Signed under the penalties of perjury:	in-kind contributions and liabilities for this reporting period and represents the

#### **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.)

	Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
×			
	The state of the s		
			1, 200
			W W W W W W W W W W W W W W W W W W W
	6		
ine 9: Total Recei	pts over \$50 (or listed above)	0	
ine 10: Total Recei	ipts \$50 and under* (not listed above)	0	
ine 11. TOTAL D	ECEIPTS IN THE PERIOD	0	
me II. IUIAL K	ECEIT IS IN THE PERIOD	_	← Enter on page 1, line 2

<sup>\*</sup> 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	1	
			(for contributions of \$200 or more)
- 1			
l l			
	_ mega-a-		
	10 m 20 M 20 m 20 M		
			<u> </u>
	*		
			-
ine 9: Total Receip	ts over \$50 (or listed above)	0	
ine 10: Total Receip	ots \$50 and under* (not listed above)	0	
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD	0	Enter on page 1, line 2
	receipts of \$50 and under include them in line		

<sup>\*</sup> 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 Ex	penditure Amount	
	520			
			The state of the s	
	-			
		Line 12: Total Expenditures over \$50 (or listed abo	ove)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on mage 1 fine 4	Line 14: TOTAL EXPENDITURES IN THE PE	sted above) 6	
		En. include them in line 12. Line 13 should include only the		

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

Page 4

# SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
l li				
		WILESWI, W. 122-11 A. 1-2-1		
	2			
		10-10-10		
		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and u	under* (not listed shows)	
		Dire 13. Experiences \$30 and t	muci (noi usicu above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0
If you have itemi		include them in line 12. Line 13 sh		

<sup>\*</sup> 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 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				E
		TO CONTROL OF THE PARTY OF THE		
31.00				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<sup>\*</sup> 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.

Page 6

### **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
				American distribution
			3.10.110.110.110.110.110.110.110.110.110	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0