

## Form CPF M 102: Campaign Finance Report Municipal Form OWN CLERK'S OFFICE Office of Campaign and Political Finance 2018 JAN 22 PM 1: 29

Fill in Reporting Period dates: Beginning Date:	Ending Date: 1/20/18
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election
Candidate Full Name (if applicable)  School Committee Weymorth MA  Office Sought and District  89 Hove Lock Rd  Residential Address  E-mail: Honore 4500 ym 2nl - Com  Phone # (optional):	Committee to Flect Andres Hywe to Schol Committee Name  KK FLUV  Name of Committee Treasurer  Committee Mailing Address  E-mail: KK (2) 211 the numbers Net.  Phone # (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 1	1) 445.64
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, 1  Line 5: Ending Balance (line 3 minus line 4)	\$ 326-06
Line 6: Total in-kind contributions this period ( Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Heritage Bank
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee OR Candidate with independent activity filing 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 accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period.  I separate report the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period.  I separate report the best of my knowledge and belief, a true and complete statement of all campaign musts, in-kind contributions and liabilities for this reporting period and represents the

## 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

eport 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	
12/7/17	Andred Honoré	89 Horse Kock Rd.	reimbursement for Backook als	\$34.05	
11/14/12	Andres Honoré	11	ceimbrement for East Coast Printing	\$85.53	
		to .			
		× .			
			+		
	1.				
	,				
		Line 12: Total Expenditures over \$50 (or listed above)			
		Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	1119.58	

<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 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)
57		N/A	
9			
	,		
		×	
* *			
Line 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS 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.