

Form CPF M 102: Campaign Finance Report Municipal Form OF WEYMOUTH TOWN CLERK'S OFFICE Office of Campaign and Political Finance

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of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4/2/2	2019 Ending Date: <u>4/22/2019</u>
Type of Report: (Check one) Bth day preceding preliminary Sth day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable) Office Sought and District	Weymouth - Citizens Spotlight on Impending Proposition 2 1/2 Debt Exclusion Committee Name Deborah L. Stewart Name of Committee Treasurer
Residential Address E-mail:	549 Essex Street Weymouth, Massachusetts USA Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional): 781-337-4649
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$300,00
Line 2: Total receipts this period (page 3, line 11)	\$185.94
Line 3: Subtotal (line 1 plus line 2)	\$300.00
Line 4: Total expenditures this period (page 5, lir	ne 14) \$185.94
Line 5: Ending Balance (line 3 minus line 4)	\$114.06
Line 6: Total in-kind contributions this period (pa	age 6) \$0
Line 7: Total (all) outstanding liabilities (page 7)	\$0
Line 8: Name of bank(s) used: Bank of America	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be 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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: May 2, 2019 Tox only) 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, ag period. Reparate report
finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the nis committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)

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)
4/3/2019	Donald R. Stewart 549 Essex Street Weymouth, MA 02188-3606	\$300.00	Software Engineer - Contractor
-11			
ine 9: Total Rece	ipts over \$50 (or listed above)	\$300,00	
ine 10: Total Reco	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD	\$300,00	← 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 A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
. 0	0.00			
ine 9: Total Rece	ipts over \$50 (or listed above)			
ine 10: Total Rece	eipts \$50 and under* (not listed above)			
			i	
	RECEIPTS IN THE PERIOD		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.

(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 Expenditure	Amount
Date Laid				\$185.94
4/2/1019	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	April 30th Stickers	\$100.94
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		Line 12: Total Expenditure	s over \$50 (or listed above)	\$185.94
		Line 13: Total Expenditures	s \$50 and under* (not listed above)	
	Enter on page 1, line 4 =	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	\$185,94

^{*} 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