

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date:
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30	day after election year-end report dissolution
Candidate Full Name (if applicable) SCLOC CEMA (Tee APP) Office Sought and District	Committee Name Name of Committee Treasurer
Residential Address	Committee Mailing Aldress
Telephone Number (optional): S57 - 247 - 374	phone Number (optional):
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	140
Line 2: Fotal receipts this period (page 3, line 11)	1696 1666
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Retal expenditures this period (page 5, line 14)	1558
Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	•
Line 8: Name of bank(s) used:	W. Jann
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributionance activity of all persons acting under the authority or on behalf of this committee in accordance activity of the penalties of perjury:	ions and liabilities for this reporting period and represents the campaign
	(Treasurer 3 signature)
Candidate with Committee and no activity independent of the committee Certify that I have examined this report including attached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.	my knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate r I certify that I have examined this report including attached schedules and it is, to the best of r finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this commit	ny knowledge and belief, a true and complete statement of all campaign contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) 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.

(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.)

	Name and Residential Address	Occupation & Employer	
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)
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			33
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			,
	1		
			700
	*	* Waste	
			100
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O. Tt-1 D - '	050 (an line 3 - 1 - 1)	14	
ne 9: 10tal Kecell	ots over \$50 (or listed above)	XX	
no 10, Total Pares	nto \$50 and undon't (not listed should)		
ne 10. 10tal Kecel	pts \$50 and under* (not listed above)	<u></u>	
na 11. TOTAL D	ECEIPTS IN THE PERIOD	- 1	
ie II. IUIAL K	ECEIT IS IN THE FERIOD		← 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 Pacidential Address Occupation & Employer					
Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
AUGRE	KATC/Selipio	100	Retiped		
AUT1425	DUM'S BORGOR	100	g soung 4.		
AGEST	ANN telest Chuck Gulldwt	100	Bushous and		
8 (25/85	ROBERTIMMY SCAN	100	Notice And And		
8/2,6/25	JAN HARRON	108	BUCKER MA		
3/05/2	Bill Shaw	156	188 STRAWBERN LAN WARANIO		
8620	133 Over we AATHUR	500	BATHOUD WAINE		
3(25	6746 DIDEMENICO	125	23 CLARENCE ST EVEREN MA		
9(25	JEAN Chilistiano	100	Fre a=71 MAN-		
4(25	SOE CATPLOS	100	B Accord		
9/38	pet Lounson	60	BRADCEY NAME		
9 lar	paul devicants	185	OTPETT VOUDENS		
9(Fhower	100	OTPETI VOUDAN		
Line 9: Total Receipts over \$50 (or listed above)					
Line 10: Total Rece	ipts \$50 and under* (not listed above)	·			
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	← Enter on page 1, line 2			
Line 11: TOTAL 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.					

* 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.)

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	
9/26	AQUOCIATE	Brusson Ent me	OSE	808	
960	Independent for sign	Revel	Cookes	800	
83	Sign pur	Gill wolfer	Sign	348	
920	. Desyn	Ewer V.	Cus	950	
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	t)	¥-			
	(6)				
	!			İt	
		Line 12: Total Expenditures over	er \$50 (or listed above)		
Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized					

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

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3				
H				
56				
		1,00		.,
1				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and to	ınder* (not listed above)	/
	Enter on nage 1 line A -	Line 14. TOTAL EXPENDIT	HRES IN THE PERIOD	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} 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
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} 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.

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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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	