



Commonwealth of Massachusetts

rec'd 11:31 pm
10/28/19

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 6/1/2019 Ending Date: 10/18/2019

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Alexander Koifman
Candidate Full Name (if applicable)
Ward 4 School Committee
Office Sought and District
2300 Commonwealth Ave Apt 2-2, Auburndale, MA 02466-1797
Residential Address
E-mail: alex@alexkoifman.com
Phone # (optional):

Committee to Elect Alex Koifman
Committee Name
Susan Huffman
Name of Committee Treasurer
27 Indiana Terrace, Newton Upper Falls, MA 02464
Committee Mailing Address
E-mail: susan@huffmans.net
Phone # (optional): (617) 359-4223

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	6,140.33
Line 3: Subtotal (line 1 plus line 2)	6,140.33
Line 4: Total expenditures this period (page 5, line 14)	1,821.33
Line 5: Ending Balance (line 3 minus line 4)	4,319
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Citizens Bank

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: Susan Huffman (Treasurer's signature) Date: 10/28/2019

FOR CANDIDATE FILINGS ONLY: 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 including 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 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 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: AKoifman (Candidate's signature) Date: 10/28/2019



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

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2019 OCT 28 AM 11:06

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Alexander Koifman
Candidate Full Name (if applicable)

Ward 4 School Committee
Office Sought and District

2300 Commonwealth Ave Apt 2-2, Auburndale, MA 02466-1797
Residential Address

E-mail: alex@alexkoifman.com

Phone # (optional): _____

Committee to Elect Alex Koifman
Committee Name

Susan Huffman
Name of Committee Treasurer

27 Indiana Terrace, Newton Upper Falls, MA 02464
Committee Mailing Address

E-mail: susan@huffmans.net

Phone # (optional): (617) 359-4223

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Signed under the penalties of perjury: Susan Huffman (Treasurer's signature) Date: 10/28/2019

FOR CANDIDATE FILINGS ONLY: 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 including 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 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 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: _____ (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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/9/2019	Raymond Atkins 61 Winston Road Newton Center, MA 02495-3014	200	Retired
9/3/2019	Roseline Barron 40 Puddingstone Lane Newton Centre, MA 02459	100	
8/23/2019	Eric Berke 77 Pond Ave, Apt 1508 Brookline, MA 02445-7160	300	Real Estate Developer Self-Employed
9/3/2019	Howard Bleich 152 Hagen Road Newton Center, MA 02459-2755	500	Retired
10/2/2019	Gillian Einstein 53 Albany Avenue Toronto, ON M5R 3C2 CANADA	75	
7/19/2019	Margot Einstein 63 Burdean Road Newton Centre, MA 02459	1,000	Retired
9/3/2019	Steven Gerzof 160 Lake Ave Newton Centre, MA 02459	1,000	Retired
10/1/2019	Martin Hoffman 1205 Webster Street Needham, MA 02492	250	Retired
6/17/2019	Alexander Koifman 2300 Commonwealth Ave #2-2 Auburndale, MA 02466-1797	75	
9/3/2019	Helga Lustig 302 Greenwood Street Newton Centre, MA 02459	500	Retired
7/26/2019	Russel Pergament 37 Holly Road Waban, MA 02468-1411	500	Executive Travelers Marketing
10/11/2019	Russel Pergament 37 Holly Road Waban, MA 02468-1411	300	Executive Travelers Marketing
Line 9: Total Receipts over \$50 (or listed above)		[]	
Line 10: Total Receipts \$50 and under* (not listed above)		[]	
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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7/19/2019	Richard Salter 42 Steven Place Newton Highlands, MA 02461-2007	500	Retired
10/15/2019	William Sapers 275 Washington Street, #205 Newton, MA 02458	333.33	Chairman Sapers & Wallach, Inc.
10/15/2019	Berta Shaffer 350 Revere Beach Blvd #G-6D Revere, MA 02151	72	
9/3/2019	Sande Young 18 Karen Road Waban, MA 02468-1124	100	
Line 9: Total Receipts over \$50 (or listed above)		5,805.33	
Line 10: Total Receipts \$50 and under* (not listed above)		335	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6,140.33	← 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
10/8/2019	Don Allie	P O Box 215 East Longmeadow, MA 01028	Yard Signs	1,110
10/8/2019	Lonnie Brennan	P O Box 4200 Peabody, MA 01961	Materials	75.42
9/5/2019	Andrew K Surprise	22 Fremont Street Westfield, MA 01085	Consulting	300
10/10/2019	Andrew K Surprise	22 Fremont Street Westfield, MA 01085	Consulting	300
Line 12: Total Expenditures over \$50 (or listed above)				1,785.42
Line 13: Total Expenditures \$50 and under* (not listed above)				35.91
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,821.33

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

Enter on page 1, line 4 →

* 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)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				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 contribution is \$200 or more, 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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0