

Form CPF M 102: Campaign Finance Report **Municipal Form**

2020 JAN -7 PM 2: 12

Office of Campaign and Political Finance

David A. Olson, CMC Revisin, MA 02453

Fill in Reporting Period dates: Beginning Date: 11/19/19 Ending Date: 12/31/19 Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election Year-end report dissol Matthew Brian Miller Candidate Full Name (if applicable) School Committee Member, Ward 8 Office Sought and District 26 Shute Path, Newton, MA 02459 Residential Address E-mail: matthew@matt4schools.com Phone # (optional): 617-394-8833 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 2078.99 Line 2: Total receipts this period (page 3, line 11) 0.00 Line 3: Subtotal (line 1 plus line 2) 2078.99 Line 4: Total expenditures this period (page 5, line 14) 401.98 Line 5: Ending Balance (line 3 minus line 4) 1677.91 Line 6: Total in-kind contributions this period (page 6) 0.00	Commission
Sth day preceding preliminary	
Sth day preceding preliminary	
Matthew Brian Miller Candidate Full Name (if applicable) School Committee Member, Ward 8 Office Sought and District 26 Shute Path, Newton, MA 02459 Residential Address E-mail: matthew@matt4schools.com Phone # (optional): 617-394-8833 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Committee to Elect Matthew Miller Committee Name Claudia Bowman Name of Committee Treasurer 26 Shute Path, Newton, MA 02459 Committee Maiting Address E-mail: claudia368@gmail.com Phone # (optional): Dono Line 1: Ending Balance from previous report 2078.99 Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4)	ution
Candidate Full Name (if applicable) School Committee Member, Ward 8 Office Sought and District 26 Shute Path, Newton, MA 02459 Residential Address E-mail: matthew@matt4schools.com Phone # (optional): 617-394-8833 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 2078.99 Line 2: Total receipts this period (page 3, line 11) 0.00 Line 3: Subtotal (line 1 plus line 2) 2078.99 Line 4: Total expenditures this period (page 5, line 14) 401.98 Line 5: Ending Balance (line 3 minus line 4) 1677.91	
Candidate Full Name (if applicable) School Committee Member, Ward 8 Office Sought and District 26 Shute Path, Newton, MA 02459 Residential Address E-mail: matthew@matt4schools.com Phone # (optional): 617-394-8833 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 2078.99 Line 2: Total receipts this period (page 3, line 11) 0.00 Line 3: Subtotal (line 1 plus line 2) 2078.99 Line 4: Total expenditures this period (page 5, line 14) 401.98 Line 5: Ending Balance (line 3 minus line 4) 1677.91	
School Committee Member, Ward 8 Office Sought and District 26 Shute Path, Newton, MA 02459 Residential Address E-mail: matthew@matt4schools.com Phone # (optional): 617-394-8833 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Claudia Bowman Name of Committee Treasurer 26 Shute Path, Newton, MA 02459 Committee Mailing Address E-mail: claudia368@gmail.com Phone # (optional): 2078.99 Line 1: Double Treasurer 26 Shute Path, Newton, MA 02459 Committee Mailing Address E-mail: claudia368@gmail.com Phone # (optional): 2078.99 Line 2: Total receipts this period (page 3, line 11) 0.00 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4)	
Office Sought and District 26 Shute Path, Newton, MA 02459 Residential Address E-mail: matthew@matt4schools.com Phone # (optional): 617-394-8833 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Name of Committee Treasurer 26 Shute Path, Newton, MA 02459 Committee Mailing Address E-mail: claudia368@gmail.com Phone # (optional): 278.99 278.99 401.98 Line 5: Ending Balance (line 3 minus line 4)	
Residential Address E-mail: matthew@matt4schools.com Phone # (optional): 617-394-8833 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 2078.99 Line 2: Total receipts this period (page 3, line 11) 0.00 Line 3: Subtotal (line 1 plus line 2) 2078.99 Line 4: Total expenditures this period (page 5, line 14) 401.98 Line 5: Ending Balance (line 3 minus line 4) 1677.91	
E-mail:	
Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Phone # (optional): Phone # (optional): Phone # (optional): 2078.99 401.98	
SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 1677.91	
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 2078.99 Line 5: Ending Balance (line 3 minus line 4)	
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 2078.99 Line 5: Ending Balance (line 3 minus line 4)	
Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 1677.91	
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 2078.99 Line 5: Ending Balance (line 3 minus line 4)	
Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 1677.91	
Line 5: Ending Balance (line 3 minus line 4)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in kind contributions this period (page 6)	
Line 6. Total in-Kind contributions uns period (page 0)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: The Village 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 factivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campa 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.	inance ign
Signed under the penalties of perjury: (Treasurer's signature) Date: 1/6/20	
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 campa 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 con incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ign finance ributions,
Candidate without Committee OR Candidate with independent activity filing separate report [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 campa finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents 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.	ign he
Signed under the penalties of perjury:(Candidate's signature) Date: 1/6/20	

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)	
113)1111.1111.1111.1111.1111.1111.1111.				
name of the section o				
		<u> </u>		
	•			
ARROW THE TAXABLE PROPERTY OF				

		1		
	-	Outcome		
			The state of the s	
E-1	-			
- Annatana				
			Paradona and the second and the seco	
-				
	-	33333		
		The state of the s		
ne 9: Total Receip	ots over \$50 (or listed above)			
- 10. T. (1D.)	0.4- 0.50 and and and () (1.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ie 10: Total Receip	pts \$50 and under* (not listed above)			
e 11: TOTAL RI	ECEIPTS IN THE PERIOD		Enter an access to the Co	
IVII. I OIAL N			← 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)
		Pro-train harabasella hakarararararararararararararararararara	
Landing Commence of the Commen			
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	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.)

· ·	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11/21/19	Green Newton	P.O. Box 590242 Newton, MA 02459	Donation	25.00
12/26/19	Matthew Miller	26 Shute Path Newton, MA 02459	Reimbursement for GoDaddy web hosting	301.98
11/24/19	Newton at Home	206 Waltham Street, West Newton, MA 02465	Donation	25.00
11/22/19	Understanding Our Differences	100 Walnut Street Newton, Massachusetts 02460	Donation	50.00
				200
CONTRACTOR OF THE PROPERTY OF				
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	401.98
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	401.98

^{*} 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	
o de la companya del la companya de					
	gmr/mmm-mm-constraints/sixtensins	pone-subanonumormormormormormormormormormormormormorm		ייינייניינייניינייניינייניינייניינייניי	

		1			
and the state of t	THE COLUMN TO THE COLUMN THE COLU			Promotion and construction and construct	
and the second s					
TOTAL CONTROL OF THE PROPERTY					
nuntivation with market and without the state of the	Paraconaria/hiticantistica/paraconaria/hitinantistican	1	S STANSAGUERA CONTRACTOR CONTRACT		
-					
HENRICINA					
	Languaga de la companya de la compa	Leave-construction of the contract of the cont			
		parameter and a second and a se		The state of the s	

				P	
		Line 12: Expenditures over \$50	0 (or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed above)	Control Contro	
	Enter on page 1, line 4 →				
			chould include only those expenditure		

^{*} 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
			The state of the s	
The state of the s				
	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.

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
				PORTON DE LA CONTRACTOR
				interest of the second
	Enter on page 1 line 7 ->	Line 18: TOTAL OUTSTANI	OING LIARILITIES (ALI)	and the second s

Page 7



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

the remodisement form.						
	Date of Reimbursement: 12/26/19					
Name of Individ	ual Being Reimbursed: Matthew M	1iller				
Committee Name	Committee Name: Committee to Elect Matthew Miller					
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional):					
	ITEM	IZE EXPENDITURES IN EXCE	ESS OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
12/26/19	GoDaddy	1 Main Street Cambridge, MA 02142	Website hosting	301.98		
(Include items listed on Page 2) — Line 1: Expenditures in excess of \$50 (itemized above): 301.98						
		Line 2: Expenditures \$50 or und	der (not itemized):	THE STREET STREET		
Line 3: TOTAL AMOUNT REIMBURSED: 301.98						
Signed under the	e penalties of perjury: Signature of Cand	lidate / Treasurer	Date: 1/6	5/20		

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		·		
				The second secon
				Postario de la companio del companio de la companio del companio de la companio della companio de la companio della companio d
		Page 2 Total (add to Line 1 on Page	e 1):	