

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

PENDE	Office of C	lamp	aign and	Political Filiance		1-3		
Commonweal	ta ii			File wit	h: City or Town C	lericor E	lection Commission	
of Massachuse	Date: 1	/4 /4 0		Ending Date:	10/28/19		4 10	
Fill in Re	porting Period dates: Beginning Date: 1,	/1/19				_05		
						72	2	
Type of R	Report: (Check one)				year-end repor		dissolution	
	preceding preliminary X 8th day preceding election	. [	] 30 day :	after election		N	1,22	
		-7			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			Commit	te to Elect Tamika Ol	szewski			
Tamika Ols	szewski Candidate Full Name (if applicable)			Cor	nmittee Name			
		- 1	Laura To	owvim				
School Cor	mmittee, Ward 4 Office Sought and District	_			Committee Treasur	er		
241 tovio	gton St., Auburndale, MA 02466		341 Lex	ington St., Auburnda	le, MA 02466			
341 Lexing	Residential Address				ee Mailing Address			
E-mail:	tamika4schools@gmail.com		E-mail:	tamika	a4schools@gma	ill.com		
		1.	Phone # (o	ptional):				
Phone # (opti	onal):							
		DY CO	TATION	DMATION.				
	SUMMARY BALA	IACI	P TIALO	WIATIOI.		1		
1	Z				\$52	28.27		
	Line 1: Ending Balance from previous report		]	1004				
	Line 2: Total receipts this period (page 3, line	11)			\$	9816		
	Line 2: Total receipts and period (pege 5)							
	Tine 3. Subtotal (line 1 plus line 2)	e 3: Subtotal (line 1 plus line 2)			\$10,34	14.27		
	Line 3. Bubolat (and 2 parts							
;	Line 4: Total expenditures this period (page 5	, line	: 14)		\$97	19.26		
•					1.0	25.04		
	Line 5: Ending Balance (line 3 minus line 4)				\$6	25.01		
,			(A)		THE RESERVE TO SERVE THE PARTY OF THE PARTY	\$85		
	Line 6: Total in-kind contributions this period	i (pa	ge o)	<u>L</u>	<u></u>			
	The state of the s	~ 7\			\$14	18.27		
	Line 7: Total (all) outstanding liabilities (page	e /)						
	Line 8: Name of bank(s) used: The Village Bar	k, 30	7 Auburn	St., Auburndale, MA	02466			
	Line 8: Name of bank(s) used.							
	to Comment							
Affidavit of	Committee Treasurer: I have examined this report including attached schedules and it is, to th	e best	of my know	ledge and belief, a true and	d complete stateme	nt of all o	campaign finance	
	I have examined this report including attached schedules and it is, to the ading all contributions, loans, receipts, expenditures, disbursements, in ity of all persons acting under the authority or on behalf of this commit					bronomo	me outilpaten	
1		u)		(Treasurer's sign	Da Da	te: 10/	28/19	
				110000000000000000000000000000000000000				
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (chec	k 1 bo	x only)					
Candid:	that I have examined this report including attached schedules and it is	to the	best of my	cnowledge and belief, a tr	e and complete sta	tement o	f all campaign finance	
	that I have examined this report including attached schedules and it is of all persons acting under the authority or on behalf of this committe any liabilities nor made any expenditures on my behalf during this rep			in the requirements of M.	, 0. 00;		Todd toutions,	
I	سم بواست د د د د د د د د د د د د د د د د د د د		***	rt				
Candida	ate without Committee OR Candidate with independent activity fit that that examined this report including attached schedules and it is	, to the	best of my	knowledge and belief, a tr	ue and complete sta	tement o	of all campaign	
finance a	that thave examined this report including attached schedules and it is activity, including contributions loans, receipts, expenditures, disburs in finance activity of all persons admir under the authority or on behalm	ements	s, in-kind con	in accordance with the re-	or this reporting per nuirements of M.G.	noa and L. c. 55.	represents the	
campaig	n finance activity of all persons adung under the abdiority or on behal	1 01 111	o communes	an accordance that are to				
	- my			(Candidate's sig	mature)	10, 10	/28/19	



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

			File with: City of	or Town Cle	efk-or El	ection Commission
Fill in Reporting Period dates: Beginning Date: 1/1/	19	Ending I	Date: 10/	28/19	es of monte	
					<del>00</del>	
Type of Report: (Check one)	MINOR DESCRIPTION	annum greet been good earlier and a second earlier			70	
	[ ] 20 day	v often election	[			1. 1. 1.
8th day preceding preliminary Sth day preceding election		after election	year-er	174 21 1811	N	dissolution
	1			Marian Marian	-54	, , , , , , , , , , , , , , , , , , ,
Tamika Olszewski	Comm	itte to Elect Tami	ka Olszewski			
Candidate Full Name (if applicable)			Committee N	Vame		
School Committee, Ward 4	Laura	Towvim				
Office Sought and District			me of Committee			
341 Lexington St., Auburndale, MA 02466  Residential Address	341 Le	xington St., Aubu				
	E-mail:		ommittee Mailin	_		
	-		amika4schoo	is@gmail.	.com	
Phone # (optional):	Phone # (	optional):				
	J L					
SUMMARY BALANC	CE INFO	RMATION:	7242			
T. 4 77 11 D.1 C.						
Line 1: Ending Balance from previous report				\$528.	.27	
Line 2. Total receipts this period (page 2 line 11	`			400	11.6	
Line 2: Total receipts this period (page 3, line 11)	,			\$98	10	
Line 3: Subtotal (line 1 plus line 2)				\$10,344.	27	
Zamo To Successif (mile 1 plate mile 2)						
Line 4: Total expenditures this period (page 5, lir	ie 14)			\$9719.	.26	
Line 5: Ending Balance (line 3 minus line 4)				\$625 <i>.</i>	01	
Line 6: Total in-kind contributions this period (pa	ige 6)			\$	85	
The Bottom (II) and the Thirty (II)			wheel and the second se			
Line 7: Total (all) outstanding liabilities (page 7)				\$1418.	27	
Line 8: Name of bank(s) used: The Village Bank, 3	07 Auburn	St., Auburndale,	MA 02466			
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:	contributions accordance w	and liabilities for this	reporting period of M.G.L. c. 55.	d and repres	ents the	campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x 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 activity, of all persons acting under the authority or on behalf of this committee in activity and incurred any liabilities nor made any expenditures on my behalf during this reporting	cordance with	nowledge and belief, the requirements of	a true and comp M.G.L. c, 55. I	lete stateme have not rec	nt of all ceived ar	campaign finance ny contributions,
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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of thi	best of my k	nowledge and belief, ributions and liabiliti	es for this report	ing period a	und repre	campaign esents the
Signed under the penalties of perjury:		(Candidate's	signature)	Date:	10/28/	19

#### 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.)

-I	Name and Residential Address	-9	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/20/19	Caroline Bell 235 Adams Ave. West Newton MA 02465	\$25	
8/27/19	Deborah Benik 65 Jane Rd. Newton, MA 02459	\$100	
1/27/19	Meredith Berg 231 Melrose St. Auburndale, MA 02466	\$25	
9/24/19	Kate Carpenter Bernier 67 Prescott St. Newton, MA 02460	\$100	
2/3/19	Melissa Bernstein 17 Chatham Road Newton, MA 02461	\$100	Artistic Director Newton Theatre Company
9/8/19	Meliss Bernstein 17 Chatham Road Newton, MA 02461	\$100	Artistic Director Newton Theatre Company
10/25/19	Meliss Bernstein 17 Chatham Road Newton, MA 02461	\$100	Artistic Director Newton Theatre Company
1/27/19	Allison Berry 42 Clarendon Street Newton, MA 02460	\$50	
9/8/19	Pia Bertelli 31 Locke Road Waban, MA 02468	\$50	
1/24/19	Katie Biello 472 Wolcott Street Auburndale, MA 02466	\$50	
10/25/19	Katie Biello 472 Wolcott Street Auburndale, MA 02466	\$25	
9/8/19	John Birnstengel 55 Wheeler Rd Newton, MA 02459	\$20	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
TC leave itemaine	1 COFO 1 1 1 1 1 1 1	O T : 10 1 1	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.

<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.

#### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/27/19	Alicia Bowman 19 Chestnut Terrace Newton, MA 02459	\$100	(101 Contributions of \$200 of more)
10/22/19	Gorham Brigham 401 Cherry Street West Newton,MA 02465	\$100	
1/27/19	Johanna Brooks 326 River Street West Newton,MA 02465	\$50	
2/3/19	Angela Brooks 5 Marshall Street Newton, MA 02459	\$100	
8/25/19	Michelle Brown 18 Prospect Street Apt. A4 Norwalk, CT 06850	\$50	
10/25/19	Joanna Burleson 48 Swallow Drive Newton, MA 02462	\$25	
1/27/19	Alison Callahan 11 Virginia Road Newton, MA 02466	\$40	
10/6/19	Melissa Chu 21 Turner Street Newton, MA 02460	\$100	
10/20/19	Amy Cook 400 Ward St. Newton Center, MA 02459	\$25	
9/8/19	Yasmin Dalton 74 West Pine St Auburndale, MA 02466	\$50	
10/25/19	Susan Davidoff 24 Bridge St. Newton, MA 02458	\$200	Not Employed None
9/15/19	Brant Davis 454 Wolcott St. Auburndale, MA 02466	\$200	Consultant SourceOne
9/22/19	Patricia Devaney 7 Crown Street Auburndale, MA 02466	\$200	Consultant Sel Employed
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	9 Line 10 should	Enter on page 1, line 2 d include only those receipts not itemized above.

<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.

	SCHEDULE	A: RECEI	PTS
			etical order, for all receipts over \$50 in a calendar ly itemize those receipts over \$50. In addition, the
	eyer must be reported for all persons who contr		
	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
0/4/10	Christine Dutt 13 Crescent Street	425	
8/4/19	West Newton, MA 02465	\$25	
	Natalia Espinal		
10/26/19	423 Albemarle Road	\$25	
	Newton, MA 02460		
	Laura Farnsworth		
9/24/19	73 Perkins St West. Newton, MA 02465	\$100	
	West. Newton, MA 02403		
	Greta Feinberg		
2/17/19	418 Wolcott St Auburndale, MA 02466	\$100	
Procedure of the control of the cont			
1,127,110	Dan Finkelstein 150 Melrose St	450	
1/27/19	Auburndale, MA 02466	\$50	
	Brenna Fisk		
5/5/19	64 Elm St	\$100	
	West Newton, MA 02465		
	Newell Flather		
9/22/19	334 Oris St. West Newton, MA 02465	\$150	
	west Newton, MA 02465		
	Jennifer Fries		
6/9/19	13 1/2 Cedar St Cambridge, MA 02140	\$25	
Production of the Control of the Con			
1/27/19	Carey Gacioch 1717 East Capitol St SE Apt 232	\$100	
1/2//19	Washington, DC 020003	\$100	
	Carey Gacioch		
10/25/19	1717 East Capitol St SE Apt 232	\$50	
	Washington, DC 020003		
	Rob Gifford		Investment Advisor
7/10/19	41 Oxford Rd. Newton, MA 02459	\$250	Self Employed
	Newton, Fix 02433		
	Fran Godine 19 Crofton Rd.		Not Employed None
3/18/19	Waban, MA 02466	\$250	none
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Tex-1 D	inta \$50 and and don't (not 1: 1 - 1 )		
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		Finter on page 1 line 2

Page:

Committee Name:

<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.

Committee Name:	SCHEDIII E A. I	DECEIDTS (20)	Page:
F	SCHEDULE A: I	TECEIP 15 (CO	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/29/19	Marion Golin 178 PRINCE ST. WEST NEWTON, MA 02465	\$100	
1/24/19	Diana Gomberg 290 Islington Rd. Newton, MA 02466	\$200	
6/9/19	Rachel Gordon 10 Eastern Ave. Greenfield, MA 01301	\$25	
9/22/19	StevenGrossman 30 Huntington Rd Newton, MA 20458	\$100	
9/25/19	Lizbeth Heyer 25Freeman St. Newton, MA 02466	\$100	
9/15/19	Matt Hills 25 HOBART RD NEWTON CENTER, MA 02459	\$100	
10/27/19	Gena Hooper 128 Dane Hill Rd Newton, MA 02461	\$50	
2/10/19	Jill Hwang 19 Rebecca Rd. WEST NEWTON, MA 02465	\$100	
5/5/19	Judith Jacobson 289 Cypress Street Newton, MA 02459	\$50	
9/16/19	Robert Jampol 17 Upland Rd. Waban, MA 02466	\$50	
10/25/19	Wei Jiang 335 Lexington Street Auburndale, MA 02466	\$50	
2/11/19	Laura Johnson 33 Washington St. Newton, MA 02458	\$100	
9/8/19	Anne Josephson 53 Greenlawn Avenue Newton Center, MA 02459	\$75	
Line 9: Total Rece	ripts over \$50 (or listed above)		

Enter on page 1, line 2

Line 10: Total Receipts \$50 and under\* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

<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.

#### 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.)

report an receipts.	Please include your committee name and a pa	age number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/20/19	Felicia Khan 27 Kingman Rd. Newton, MA 02461	\$50	(NOT COMPANY OF CASE OF MICHO)
10/23/19	DELORES KIMMEL 39 FREEMAN ST Auburndale, MA 02466	\$100	
10/25/19	Adrienne Knudsen 74 Vista Ave Auburndale, MA 02466	\$100	
9/24/19	Ken Krems 55 St. Marys St. Newton, MA 02462	\$100	
9/22/19	Renee Krikorian 21 Webster St Newton, MA 02465	\$100	
8/18/19	Anne Larner 68 Myrtle Street W Newton, MA 02465	\$200	Not Employed Not Employed
2/24/19	Elissa Lazarski 212 Newfield Rd Syracuse, NY 13214	\$50	
9/29/19	Jongwoo Lee 75 Great Meadow Rd Newton, MA 02459	\$50	
9/15/19	Mitchell Lyons 20 Hope Street Newton, MA 02466	\$300	Not Employed Not Employed
9/1/19	Pamela Madziarz 7970 Sackett Road Bergen, NY 14416	\$75	
9/24/19	Joan McGrath 1617 Washington St. Newton, MA 02465	\$25	
9/21/19	Madeline Mcneely 68 Jewlett St. Newton, MA 02458	\$100	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	d receipts of \$50 and under include them in line	9 Line 10 should	d include only those receipts not itemized above

<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.

## **SCHEDULE A: RECEIPTS (continued)**

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
8/19/19	Ruth-Ann Mendel 155 Del Pond Dr. Canton, MA 02021	\$25	
8/19/19	Committee to Elect Matthew Miller Newton, MA	\$100	
10/20/19	Lisa Monahan 1105 Walnut Street Newton, MA 02461	\$50	
3/10/19	Eilene Moore 1133 Squire Lane Farmington, NY 14425	\$200	Not Employed Not Employed
9/8/19	Eilene Moore 1133 Squire Lane Farmington, NY 14425	\$100	Not Employed Not Employed
3/10/19	Chau Nguyen 235 Melrose Street Auburndale, MA 02466	\$150	
2/10/19	Michele Olszewski 521 Rehill Court River Vale, NJ 07675	\$50	
3/24/19	Rose Olszewski 64 University Road Brookline, MA 02445	\$200	Physical therapist Aveanna
3/31/19	Marianna Olszewski 480 Park Ave Apt 6C New York, NY 10022	\$75	
7/12/19	Sandra Olszewski 175 Greco Ln Mount Carmel, PA 17851	\$25	
5/10/19	Theresa Olszewski Boras 201 Marin BLVD. #7060 Jersey City, NJ 07302	\$200	Marketing Executive Hulu
9/8/19	Lisa Pagana 383 Lexington St Auburndale, MA 02466	\$25	
9/8/19	Robert Parlin 25 Kelly Rd. #2 Cambridge, MA 02139	\$25	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		·
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
F If you have itemized	d receipts of \$50 and under, include them in line	e 9. Line 10 shoule	d include only those receipts not itemized above.

<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.

	SCHEDULE	A: RECEI	PTS
year. Committees mu	st keep detailed accounts and records of all rec	eipts, but need on	etical order, for all receipts over \$50 in a calendar ly itemize those receipts over \$50. In addition, the
occupation and emple	oyer must be reported for all persons who contr	bute \$200 or mor	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/27/19	David Poras 11 Cumberland Rd. Newton, MA 02465	\$150	
7/8/19	Kerry Prasad 22 Howe Rd. Newton Center, MA 02459	150	
	Brenda Pring 158 Auburndale Ave Newton, MA 02465	\$100	
9/15/19	Hema Rao 73 Washburn Ave Auburndale, MA 02466	\$50	
9/1/19	Ashia Ray 185 Christina st. Newton, MA 02461	\$15	
8/25/19	Bridget Ray-Canada 152 Pearl Street Unit 2 Newton, MA 02458	\$100	
6/5/19	StaceyRichard 2069 Commonwealth Ave. Auburndale, MA 02466	\$250	Math Coach Newton Public Schools
9/21/19	Helen Rousseau 86 Prescott St. Newton, MA 02460	\$50	
2/10/19	Eileen Sandberg 414 Waltham st Newton, MA 02465	\$200	Not Employed Not Employed
8/18/19	Karie Shaw 1133 Squire Lane Farmington, NY 14425	\$200	Educator Rochester City School District
6/16/19	Kathleen Shields 55 Hobart Rd Newton, MA 02459	\$50	
9/8/19	Ann Smith 593 Mill St. Fishers, NY 14453	\$50	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	cipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		Finter on page 1 line 2

Page:

Committee Name:

<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.

Committee Name:			Page:
	SCHEDULE A: R	ECEIPTS (co	ntinued)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	Dale Smith 20 Seton Hill Road Auburndale, MA 02466	\$50	
3/18/19	Claire Sokoloff 41 Oxford Rd. NEWTON CENTER, MA 02459	\$250	Not Employed Not Employed
6/9/19	Naiara Souto 4 Summit Drive apt 419 Reading, MA 01867	\$10	
1/27/19	Andrea Steenstrup 21 Kimball Terrace Newton, MA 02460	\$75	
9/22/19	John Stewart 23 Pierrepont Road Newton, MA 02462 9/22/19	\$100	
9/29/19	Paul Stewart 98 Beethoven Ave Newton, MA 02468	\$50	
1/24/19	Heyman Susan 70 Varick Rd. Waban, MA 02468	\$250	Not Employed Not Employed
1/27/19	Marcia Tabenken 11 North St. Newton, MA 02460	\$50	
2/17/19	Nadine Thompson 3 Glenmore Terrace Unit 2 Newton Highlands, MA 02461	\$100	
1/27/19	Laura Towvim 61 Islington Road Newton, MA 02466	\$100	
1/29/19	Janhavi Wadhwani 297 Lexington St. Auburndale, MA 02466	\$200	
3/31/19	Robert Warming 36 St Mary's St Newton, MA 02462	\$25	
	Jean Weinberg		

Line 9: Total Receipts over \$50 (or listed above)

2/7/19

Line 10: Total Receipts \$50 and under\* (not listed above)

124 Staniford St.

Auburndale, MA 02466

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

\$200

<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.

	SCHEDULE	A: RECEI	PTS
			etical order, for all receipts over \$50 in a calendar
	si keep aetatiea accounts and records of all rec oyer must be reported for all persons who contr		ly itemize those receipts over \$50. In addition, the re in a calendar year.
	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	Erika Welch 67 Hancock St		
1/27/19	Auburndale, MA 02466	\$100	
	Sally Weylman		
10/25/19	39 Nonantum St.	\$10	
	Newton, MA 02458		
	Jess Wilson		
10/25/19	970 Dedham St Newton, MA 02459	\$10	
5/12/19	Terry Yoffie 363 Waverley Avenue	t=0	
5/12/19	Newton, MA 02458	\$50	
	Esther Zaff		
10/25/19	194 Upland Avenue	\$36	
	Newton, MA 02461		
T T T T T T T T T T T T T T T T T T T		Spring and a sprin	
Display the state of the state			
Line 9: Total Recei	pts over \$50 (or listed above)	\$9816	
	r	4-2-2	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
Line 11. TOTAL	RECEIPTS IN THE PERIOD	\$9816	E-thomas I II of
			Enter on page 1, line 2 d include only those receipts not itemized above.
in you have iterrized	i rootipis or and and under, include them in fine	7. Line to shoul	a menue omy mose receipts not nemized above.

Page:

Committee Name:

#### **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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/25/19	Blue Chicken Design	25 Prairie Ave. Auburndale, MA 02466	Logo & Design Work	\$375.00
9/3/19	Blue Chicken Design	25 Prairie Ave. Auburndale, MA 02466	Logo & Design Work	\$412.50
2/28/19	ELButtons	24825 N. 16th Ave., Suite 100 Phoenix, AZ 85085	Campaign Buttons	\$57.90
1/25/19	Emerge Massachusetts	15 Court Square, #900 Boston, MA 02108	Candidate Training	\$250.00
2/25/19	Emerge Massachusetts	15 Court Square, #900 Boston, MA 02108	Candidate Training	\$250.00
3/25/19	Emerge Massachusetts	15 Court Square, #900 Boston, MA 02108	Candidate Training	\$250.00
6/1/19	Emerge Massachusetts	15 Court Square, #900 Boston, MA 02108	Candidate Training	\$250.00
3/20/19	Mass Democratic Party	11 Beacon St, Suite 410, Boston, MA 02108	VoteBuilder	\$1,500.00
3/29/19	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Printing Service	\$152.08
3/29/19	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Printing Service	\$167.26
7/20/19	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Printing Service	\$270.77
9/20/19	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Printing Service	\$1150.60
		Line 12: Total Expenditures or	ver \$50 (or listed above)	
		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	

<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 B: EXPENDITURES (continued)**

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/1/19	Potter's Printing Inc.	822 Eastern Ave.   Fall River, MA 02723	Printing Service	\$588.63	
10/23/19	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Printing Service	\$3701.45	
10/23/19	Potter's Printing Inc.	822 Eastern Ave. Fall River, MA 02723	Printing Service	\$74.39	
Line 12: Expenditures over \$50 (or listed above)		\$9450.58			
Line 13: Expenditures \$50 and under* (not listed above)			\$268.68		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$9719.26	
If you have iten	nized expenditures of \$50 and unde	er include them in line 12. Line 13 s	should include only those expenditure	e not itemized	

<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.

#### 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	f Contribution Value
	Tamika Olszewski	341 Lexington St Stamps	Contribution value
1/20/19		Newton, MA 02466	\$50
	to Automotive the		
	-		
		Line 15: In-Kind Contributions over \$50 (or lis	eted above) \$50
		Line 16: In-Kind Contributions \$50 & under (no	ot listed above) \$35
	Enter on page 1 line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTION	
		ho contributes more than \$50 in a calendar year, you i	

<sup>\*</sup> 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
12/8/18	Squarespace, Inc.	225 Varick St., 12th Floor New York, NY 10014	Annual Website Hosting Fee	\$137.70
12/19/18	Tamika Olszewski	341 Lexington St. Auburndale, MA 02466	Initial Bank Deposit	\$200.00
9/25/19	Tamika Olszewski	341 Lexington St. Auburndale, MA 02466	Sign Posts Materials & Labels	60.57
10/28/19	Blue Chicken Design	25 Prairie Ave. Auburndale, MA 02466	Logo & Design Work	\$1,020
	Enter on page 1, line 7 -	→ Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	\$1418.27