

Form CPF M 102: Campaign Finance Report

Municipal Form 2019 JUL - 1 PH 3: 10

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: 1/1/2018 12/31/2018 Beginning Date: **Ending Date:** Type of Report: (Check one) 30 day after election 8th day preceding preliminary 8th day preceding election x year-end report dissolution Committee to Elect Susan Huffman Susan Carson Huffman Candidate Full Name (if applicable) Committee Name School Committee, Ward 5 Newton Sande Young Name of Committee Treasurer Office Sought and District 27 Indiana Terrace, Newton Upper Falls, MA 02464 27 Indiana Terrace, Newton Upper Falls, MA 02464 Residential Address Committee Mailing Address Telephone Number (optional): (617) 359-4223 Telephone Number (optional): (617) 359-4223 SUMMARY BALANCE INFORMATION: 133.07 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 0 Line 3: Subtotal (line 1 plus line 2) 133.07 **Line 4:** Total expenditures this period (page 5, line 14) 0 **Line 5:** Ending Balance (line 3 minus line 4) 133.07 0 **Line 6:** Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) 500 Line 8: Name of bank(s) used: The Village Bank, Newton 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. Date: 6/28/2019 Signed under the penalties of perjury: 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. Date: 6/28/2019 (Candidate's signature) Signed under the penalties of perjury:

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)
			-
	1		
ine 9: Total Rece	eipts over \$50 (or listed above)	О	
Line 10: Total Receipts \$50 and under* (not listed above)		o	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	ol	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required) Amou		(for contributions of \$200 or more)	
		· ·		
		1. [
		1	<u> </u>	
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	
1 - 2		O T 10 -1	Id 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.)

To Whom Paid Date Paid (alphabetical listing) Address Purpose of Expenditure Amou				
Date Paid	(alphabetical listing)	Address	Turpose or Expenditure	Amoune
Managa tayang ta				
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	L.	Line 12. Total E-manditures a	row \$50 (or listed shove)	
		Line 12: Total Expenditures ov	(or usted above)	
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES 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 above.

SCHEDULE B: EXPENDITURES (continued)

	To-Whom-Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		1.		
		E.		
		The state of the s		
			*	
		Line 12: Expenditures over \$50	0 (or listed above)	
Line 13: 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.

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
10/31/2015	Susan Huffman	27 Indiana Terrace, Newton Upper Falls, MA 02464-1314	Personal loan to campaign	500
		. 1		
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	500