



Form CPF M 102: Campaign Finance Report

Municipal Form

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Newton City Clerk

Office of Campaign and Political Finance

RECEIVED
By City Clerk at 4:05 pm, Oct 29, 2018

Commonwealth
of Massachusetts

2018 OCT 29 PM 3: 58

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Newton, City Beginning Date: 9/29/18 Ending Date: 10/19/18
Newton, MA 02459

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): _____

Office Sought and District: _____

Residential Address: _____

E-mail: _____

Phone # (optional): _____

Respect the Vote, Newton
Committee Name

Victor Chiang
Name of Committee Treasurer

P.O. Box 590204
Committee Mailing Address

E-mail: info@respectthevote.newton.ma.gov

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>NO PRIOR REPORT</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 20,000 -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 20,000 -</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 20,000</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 55,000</u>
Line 8: Name of bank(s) used:	<u>BROOKLINE BANK</u>

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: [Signature] (Treasurer's signature) Date: 10/29/18

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)
10/18/18	WESTON ROOTS RESULTS 419 ROYSTER ST BOSTON, MA	\$20,000 -	

Line 9: Total Receipts over \$50 (or listed above) \$20,000 -

Line 10: Total Receipts \$50 and under* (not listed above) 0

Line 11: TOTAL RECEIPTS IN THE PERIOD \$20,000 -

← 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)
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 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
Line 12: Total Expenditures over \$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 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)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

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
10/12/18	FIVE CORNERS STRATEGIES	30 WASHINGTON ST. SUITE 345 WINDSOR, MA 01890	DESIGN, PRODUCTION & POSTAGE FOR MAILING	\$16,500-
10/14/18	FIVE CORNERS STRATEGIES	" "	DESIGN + PRODUCTION COLLATERAL MATERIALS	\$6,000-
10/15/18	"	"	DESIGN + PRODUCTION LAWN SIGNS	\$2,500-
10/15/18	"	"	CAMPAIGN MANAGEMENT	\$15,000
10/19/18	"	"	VOTE CONTACT / CANVASSING	\$15,000
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$55,000



Form CPF SV-1 (M): Report of Subvendor Payments (Municipal)

Office of Campaign and Political Finance

File with: Local Election Official

Please itemize any payments made to subvendors by detailing the date, payee, address, purpose and amount for each expenditure made by the vendor whom you contracted with for goods and/or services.

Filer Name: [REDACTED] *RESPECT THE VOTE*
NEWTON
FIVE CORNERS

Name of Original Vendor: [REDACTED] *STRATEGIES*

Date of payment: 10/12 UNPAID Total amount of payment: _____

ITEMIZE SUBVENDOR PAYMENTS (OR LIABILITIES INCURRED) OF \$500 OR MORE

Date Paid	Subvendor Name	Subvendor Address	Purpose of Expenditure	Amount
10/12	MKM DESIGN	41079 RIVERSIDE AVE SOMERSET, MA 02726	GRAPHIC DESIGN	\$420.00
10/17	STANDARD MODERN CO.	186 DUCHESNE BLVD NEW BEDFORD, MA 02745	Printing + POSTAGE	\$12,900.16
10/12	RED SUN PRESS	94 GREEN ST. FAMERICA TOWN, MA	Printing	\$1,646.00
10/15	STANDARD MODERN COMPANY	186 DUCHESNE BLVD NEW BEDFORD, MA	Printing	\$1,169.00

(Attach additional pages, if necessary.)

Line 1: Total Itemized Subvendor Expenditures (itemized above): \$16,695.99

Signed under the penalties of perjury:

[Signature]

Signature

Date: 10/09/18

Name: THOMAS P. AHERN

(Include title if signing on behalf of a group)

Please prepare a separate report for each check issued to a vendor who made subvendor payments.

