

Form CPF M 102: Campaign Finance Report Municipal Form Mewton City Clerk

Office of Campaign and Political Finance

2019 JAN 30 PM 4: 17

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date:
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):	Respossible Fift Hep Newfor Committee Name Pakinga Loewy Name of Committee Treasurer P.O. Box 130 Newfor, MA 02468 Committee Mailing Address E-mail: Wobarnasta @ grail, con Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$ 640.27
Line 2: Total receipts this period (page 3, line 11) 4/a .
Line 3: Subtotal (line 1 plus line 2)	\$640.27
Line 4: Total expenditures this period (page 5, lin	ne 14) \$ 640.27
Line 5: Ending Balance (line 3 minus line 4)	\$0
Line 6: Total in-kind contributions this period (page 1)	age 6) u/a
Line 7: Total (all) outstanding liabilities (page 7)	i/a
Line 8: Name of bank(s) used: Village Bau	4,332 Walnut & Newton
	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: (Treasurer's signature) ax only) be best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period. best of my knowledge and belief, a true and complete statement of all campaign the best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

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)
And the second s			
man to the day of the state of			
	050/ 11/11		
	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS 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)
-			
1			
A SAFE			
·			
Line to the second seco			
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	cipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/14/18	Jewish Families & disldren's Services	1430 Main St. Wellham, HA Galst	Donation to NEIST Project	640,27
<u> </u>		Line 12: Total Expenditures ov	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 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
<u>.</u>				
				The state of the s
	and Articles			
	The state of the s			
	1	Line 12: Expenditures over \$5	0 (or listed above)	
	Line 13: Expenditures \$50 and under* (not listed above)			
	Finder on page 1 line $4 \rightarrow$			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 14: TOTAL EXPENDITURES IN THE PERIOD 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
				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
The second secon				and the state of t
Management of the second of th				
				A CONTRACTOR OF THE CONTRACTOR
to interest the second				
And the second s				
[<u> </u>	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

Caring for Generations



1430 Main Street Waltham, MA 02451 phone 781-647-JFCS (5327) fax 781-487-6722 website jfcshoston.org

Rimma Zelfand CHIEF EXECUTIVE OFFICER

Jamie Grossman

Steven Weil VICE PRESIDENT

Wayne Ushman TREASURER

Lewis J. Pearlson

Board of Directors Susan Abraham Stephen Bernstein Shari Cashman Jill Cohen Kimberly Creem Danielle Darish Sunitha Das Penny M. Goodman Fred Leif Michael Levinger Alan F. Lipkind Ginny MacDowell Joseph F. Mazzella Dale S. Okonow Andrew Pearlstein Sylvia B. Perlman, PhD Leslie Zients Pucker James Rabb, MD Jay D. Rosenbaum David Schechter* Alexandra Simes Jack Swartz

*Immediate Past President

CJP ®

Susan Wilk





Tr Claims Conference Invotes now



January 14, 2019

Patricia Loewy Treasurer Responsible First Step Newton

Dear Patricia,

On behalf of Jewish Family and Children's Service (JF&CS), thank you for your very generous donation of \$640.27 to Project NESST* of the Center for Early Relationship Support* (CERS).

With your support, Project NESST* can continue to offer crucial support for substance-exposed newborns and their families by working with parents, caregivers, and infants to address the impact of substance use and trauma on parents' mental health, the early parent-child relationship, and infant development.

For over 150 years, JF&CS has been a caring presence guided by Jewish traditions of social responsibility, compassion, and respect for all members of the community. Our programs focus on serving children and adults with disabilities, new parents and their infants, seniors with chronic conditions, and families in crisis. We owe our long-lasting success as a leading provider of comprehensive human services to staff, volunteers, and supporters like you.

Thank you again for being a part of our JF&CS family of supporters.

Sincerely yours,

Wendy Wilsker

Senior Vice President of Institutional Advancement

No goods and/or services were furnished in exchange for this contribution. JF&CS is a 501 (c)(3) nonprofit organization.