

Signed under the penalties of perjury:

MECEIVED Form CPF M 102: Campaign Finance Reportlerk **Municipal Form** 2018 JAN 22 AM 10: 14

Office of Campaign and Political Finance

David A. Olson, CMC

Date: 1/21/2018

(Candidate's signature)

Fill in Reporting Period dates: Beginning Date: 12/6/20	17 Ending Date: 12/31/2017
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
Matthew Brian Miller	Committee to Elect Matthew Miller Committee Name
Candidate Full Name (if applicable) School Committee Member, Ward 8	Claudia Bowman
Office Sought and District	Name of Committee Treasurer
26 Shute Path, Newton, MA 02459 Residential Address	26 Shute Path, Newton, MA 02459 Committee Mailing Address
E-mail: matthew@matt4schools.com	E-mail: claudia368@gmail.com
Phone # (optional): 617-394-8833	Phone # (optional): 978-790-1790
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	89.30
Line 2: Total receipts this period (page 3, line 11)	186.06
Line 3: Subtotal (line 1 plus line 2)	275.36
Line 4: Total expenditures this period (page 5, line	0.00
Line 5: Ending Balance (line 3 minus line 4)	275.36
Line 6: Total in-kind contributions this period (page	ge 6) 178.75
Line 7: Total (all) outstanding liabilities (page 7)	0.00
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	(Treasurer & signature)
Candidate with Committee and no activity independent of the committee Candidate Candi	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sep 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 this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

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)	
1				
Line 9: Total Recei	ipts over \$50 (or listed above)			
	cipts \$50 and under* (not listed above)	186.06		
	RECEIPTS IN THE PERIOD	186.06	← Enter on page 1, line 2	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
do de la companya de			
Line 9: Total Rec	eipts over \$50 (or listed above)		
	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2 uld 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	Amount
ATTENDAME				
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1.				
			<u> </u>	
			heo (1) · 1 · 1	
		Line 12: Total Expenditures or	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
		Line 15: Total Expenditures \$5	o and under (not listed above)	
	Entario 1 11-4 - 4	Line 14: TOTAL EXPENDIT	THRES 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.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
A L PROPERTY OF THE PROPERTY O				
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			And a second sec	
				Land of the state
			To contain the same of the sam	
Line 12: Expenditures over \$50 (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 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
12/6/17	Margie Ross Decter	20 Vine Street Newton, MA 02459	Graphic design	178.75
	1	Line 15: In-Kind Contribution	ons over \$50 (or listed above)	178.75
		Line 16: In-Kind Contribution	ns \$50 & under (not listed above)	
	Enter on page 1, line 6	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	178.75

^{*} 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
7				
] [
A LANGUAGE AND A LANG				
# 1				
		1		
200				
				1
			ANDING LIABILITIES (ALL)	