

# Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED Newton City Clerk Office of Campaign and Political Finance

2018 JAN 22 AM 8: 47

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Dawid A. Olson, CMC Newton, MA 02459
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Gail Spector  Eandidate Full Name (if applicable)  Alcuton School Committee, Ward 8  Office Sought and District  III Upland Auc. Nexton MA 02 461  Residential Address  E-mail: gailspector acomcastinet  Phone # (optional): 1017-332-3199	Committee to Elect Gal Spector  Committee Name  Tanice Lipst  Name of Committee Treasurer  Ill Upland Ave, Newton MA 0246/  Committee Mailing Address  E-mail: garlspectora comast, net  Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$6530.15
Line 2: Total receipts this period (page 3, line 11)	1406.00
Line 3: Subtotal (line 1 plus line 2)	\$7936e15
Line 4: Total expenditures this period (page 5, lin	ne 14) 66.766.45
Line 5: Ending Balance (line 3 minus line 4)	81669,70
Line 6: Total in-kind contributions this period (pa	age 6) 540
Line 7: Total (all) outstanding liabilities (page 7)	91610: 7.J
Line 8: Name of bank(s) used: 116 Village	- Bank
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:  FOR CANDIDATE FILINGS ONLY Affidavit of Candidate: (check 1 be candidate with Committee and no activity independent of the committee in 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, of all persons acting under the authority or on behalf of this committee in activity.	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:
incurred any liabilities nor made any expenditures on my behalf during this reporting  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, disbursement campaign finance activity of all persons acting under the authority or on behalf of th	g period.  eparate report  e 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 is committee in accordance with the requirements of M.G.L. c. 55.
Signed under the socialities of moutumer. As it Sol City	Date: /// 7//8

See Attached Page

## **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)
	***************************************		
Line 9: Total Rece	ipts over \$50 (or listed above)	\$1406.00	
ine 10: Total Reco	eipts \$50 and under* (not listed above)	6-1-1-1-1	
		3,1/22 /3	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	11406,00	← Enter on page 1, line 2

<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.

Gail Spector--2017 Campaign Donations

Last Name	First Name	Amount	Date Employer Title/Occul	Title/Occupation	Address		
	Vicki	\$100.00	25-Oct		32 Sutphin Pines	Morrisville PA	19061
	Marika	\$250.00	28-Oct Marika's Salon	Hairdresser	62 Bencliffe Circle	Newton MA	02466
	Sharon	\$25.00	28-Oct		260 Spiers Rd.	Newton Cel MA	02459
	Dan	\$20.00	28-Oct		960 Dedham St.	Newton Cel MA	02459
	Karen	\$50.00	29-Oct		40 Judith Rd.	Newton Cel MA	02459
	Karen	\$25.00	31-Oct		6 O'Connell Rd.	Newton Cel MA	02459
	Steve	\$100.00	31-Oct Siegel Associates	Structural Engineer	160 Allen Ave.	Waban	02468
	Rick	\$500.00	3-Nov Lipof Real Estate Sv	cs. President	105 Baldplate	NC MA	02459
	Peggy	\$50.00	3-Nov		44 Clinton Place	Newton Cel MA	02459
	Marc	\$100.00	5-Nov		31 Philmore Rd.	Newton MA	02458
	Cynthia	\$100.00	4-Nov		10 Mayflower Terrace Newton	Newton MA	02461
	Roberta	\$25.00	% ov-		34 Renee Terrace	Newton CerMA	02459
	Joy	\$36.00	ov-9		25 Oneida Rd.	Action MA	01720
	Sharon	\$25.00	10-Nov		260 Spiers Rd.	Newton Cel MA	02459

\$1,406.00

Total

See Attacked Page

#### 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	A 11 %	Days and a filter and the same	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		1		
				<u> </u>
	[]			
				<u> </u>
				1
		Line 12: Total Expenditures ov	er \$50 (or listed above)	*676645
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	and the same
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	6266
	* <b>3</b> * */			1c

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Gail Spector--Campaign Expenses--Schedule B, Report Due December 31 2017

Vendor	Date	Amount Purpose	Address			
ActBlue	10-Nov	\$11.69 Fees for On-Line Donations	PO Box 441146	Somerville	MA	02144
All Sports Wear	31-0ct	\$88.00 T-Shirts	1161 Walnut St.	Newton	MA	02461
Constant Contact	4-Dec	\$42.50 Database	1601 Trapelo Road	Waltham	MA	02451
Grenier Print Shop	13-Oct	\$5,743.27 Mailing	3702 Washington St.	Jamaica Plain	MA	02130
Facebook	30-Nov	\$85.99 Website	1601 Willow Road	Menlo Park	Š	94025
City of Newton	6-Dec	\$25.00 Fee for Harvest Fair Booth	1000 Commonwealth Ave.	Newton Centre	MA	02459
Qwicket Design	6-Dec	c \$270.00 Design for mailing	8 Ambler Court	Natick	MA	01760
Total		\$6,266.45				

# 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
11/1/17	Matt Hills	25 He bart Reli Lewten Centre MA COS	Stickers	140
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	440
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	140

<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.

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
	Gail Spector	111 Upland Ave. Newton, NA 02461	Loan for Signs	\$752,00
9/14/17	Gail Spector	111 Upland Acre Wester, MA 02461	Loan for Buttons	860.95
וטלדלוד	Gail Spector	111 U pland Ave Denten Mt 02461	Loan for Pencils for fair	\$140,97
whit	Gail Spector	111 Upland Ave. Newton, UA 02461	Loap for Sighs and Metal Frames	4656, 80
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	91610.72