Form CPF M 102: Campaign Finance Report Municipal Form Municipal Form

Office of Campaign and Political Finance

Commonwealth CITY CLERK
of Massachusetti EWTON, MA. 02153

of Massachusetth Living Transcription of Massachusetth Living Transcri	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 12/8/20	Ending Date: 1/19/2018			
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election [30 day after election			
Land out out processing processing the same of the sam				
Cyrusk Vaghar Candidate Full Name (if applicable)	Committee To Elect Mr. Cyrus Karl Vaghar Committee Name			
School Committee, Ward 2	Mehrbanoo Roghani Esfahani			
Office Sought and District	Name of Committee Treasurer			
42 Fairfield Street Newton, MA 02460	42 Fairfield Street Newton, MA 02460			
Residential Address	Committee Mailing Address			
E-mail: cyruskvaghar@gmail.com	E-mail: mimivaghar@yahoo.com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANCI	E INFORMATION:			
SUMMANT BALANCE	E INFORMATION.			
Line 1: Ending Balance from previous report	\$32.52			
Line 2: Total receipts this period (page 3, line 11)	\$0			
Line 3: Subtotal (line 1 plus line 2)	\$0			
Line 4: Total expenditures this period (page 5, line	e 14) \$0			
Line 5: Ending Balance (line 3 minus line 4)	\$32.52			
Line 6: Total in-kind contributions this period (page	ge 6) N/A			
Line 7: Total (all) outstanding liabilities (page 7)	\$631.34			
Line 8: Name of bank(s) used: Village Bank				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in the Signed under the penalties of perjury: Mehrbanoo Roghani Esfahani	contributions and liabilities for this reporting period and represents the campaign			
	- colles			
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 activity, of all persons acting under the authority or on behalf of this committee in actinication incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,			
Candidate without Committee OR Candidate with independent activity filing see I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements	best of my knowledge and belief, a true and complete statement of all campaign i, 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)
MACO			
ALLEGO CONTRACTOR OF THE PARTY			
	050 (12 1 1 1 1 1)		
	eipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD * If you have itemized receipts of \$50 and under include them in line 0. I inc 10 above			Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address Date Received (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 itemize	ed receipts of \$50 and under include them in li	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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			A popular de la constantina della constantina de	
	4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	Parameter			
			1 [
Line 12: Total Expenditures over \$50 (or listed above)			\$0	
Line 13: Total Expenditures \$50 and under* (not listed above)			\$0	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD			\$6	
k Ifran have ita			should include only those ormandity	man not itamized

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

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
3/9/2017	Cyrus Karl Vaghar	42 Fairfield Street Newton, Ma	Startup Capitol	\$100
3/21/2017	Cyrus Karl Vaghar	42 Fairfield Street Newton, Ma	Purchase of 5,000 doorhangers	\$232.57
7/6/2017	Cyrus Karl Vaghar	42 Fairfield Street Newton, Ma	Canvassing Software	\$100
9/19/2017	Cyrus Karl Vaghar	42 Fairfield Street Newton, Ma	25 Yard Signs	\$198.77
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$631.34