

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commissio
Fill in Reporting Period dates: GOMMUSBEGINING Date: May 1	1 2017 Ending Date: October 30,2017
2011 OCT 31 P 4: 20	
Type of Report: (Check one)	
8th day preceding preliminary	30 day after election year-end report dissolution
Eileen A. Sandberg	Committee to Elect Eileen Sandberg
Candidate Full Name (if applicable)	Committee Name
School Committee, Newton Ward 3	Lawrence Schilmeister
Office Sought and District 414 Waltham Street	Name of Committee Treasurer 414 Waltham Street
Residential Address	Committee Mailing Address
E-mail: eileen4newtonschools@gmail.com	E-mail: Idschilmel@aol.com
Phone # (optional): (617) 319-2739	Phone # (optional):
SUMMARY BALANC	TE INFORMATION:
Line 1: Ending Balance from previous report	. 0
T10 (P. (1)	
Line 2: Total receipts this period (page 3, line 11)	7,200
Line 3: Subtotal (line 1 plus line 2)	,
1,	
Line 4: Total expenditures this period (page 5, line	ne 14) 8,199.62
Line 5: Ending Balance (line 3 minus line 4)	1,000.32
Line 6: Total in-kind contributions this period (page	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	1,000
Line 8: Name of bank(s) used: Santander	
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 or finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penaltics of perjury:	st of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accountance with the requirements of M.G.L. c. 55. Date: October 30, 2017
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	ox 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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.
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	e best of my knowledge and belief, a true and complete statement of all campaign is, in-kind contributions and liabilities for this reporting period and represents the
Sigued under the penalties of perjury:	Date: October 30, 2017

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)		
May 7, 2017	Julia Elhauge	1,000	Volunteer		
October 2, 2017	Einer Elhauge	1,000	Law Professor		
October 2, 2017	Robert Gifford 41 Oxford Rd. Newton Center, MA 02459	200	Investment Advisor		
October 2, 2017	Susan B. Heyman 70 Varick Road Waban, MA	200	Retired		
October 10, 2017	Emily Prenner 702 Chestnut Street Waban MA 02468	100			
May 2, 2017	Eileen A. Sandberg (candidate) 414 Waltham Street West Newton MA 02465	3,500	Health Economist, Tufts Medical Center		
May 2, 2017	Lawrence Schilmeister 414 Waltham Street West Newton MA 02465	1,000	Integration Director, Medtronic Corporation		
October 2, 2017	Claire Sokoloff 41 Oxford Rd. Newton Center, MA 02459	200	Independent Consultant		
Line 9: Total Rece	eipts over \$50 (or listed above)	7,200			
Line 10: Total Rec	eipts \$50 and under* (not listed above)	20			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	7,220	← 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 Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	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.)

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Cambridge Offset Printing	56 Creighton St. Cambridge MA 02140	Printing lawn signs	1,115
	Cambridge Offset Printing	56 Creighton St. Cambridge MA 02140	Palm Cards	185.94
	Connelly Printing	178 Gill Street Woburn, MA 01801	Mailing	6,068.68
	Maureen Precopio Design	346 Belknap Rd. Framingham MA 01701	Design services for palm cards and mailer	530
Oct 20, 2017	Alex Schneider		Website development and hosting	300
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	8,199.62
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES 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 Faid (alphabetical listing) Address Purpose of Expenditure Amount Image: Control of the property of the p		To Whom Paid	AYY	D	4 4
Line 13: Expenditures \$50 and under* (not listed above)	Date Paid	(alphabetical listing)	Address	rurpose of Expenditure	Amount
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Line 13: Expenditures \$50 and under* (not listed above)					
Line 13: Expenditures \$50 and under* (not listed above)					Administration
Line 13: Expenditures \$50 and under* (not listed above)					
			Line 12: Expenditures over \$50	(or listed above)	
			Line 13: Evnanditures \$50 and	under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
		Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES 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
1				
		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.

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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
Oct 26, 2017	Eileen Sandberg (candidate)	414 Waltham Street West Newton MA 02465	Loan to campaign	1,000
The state of the s				