

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Figure 1. Total expenditures this period (page 5, line 14)  Line 5: Ending Balance from previous report  Line 6: Total in-kind contributions this period (page 5, line 14)  Line 6: Total in-kind contributions this period (page 7)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used  Aphibits of Cummittee Treasures of polymers (page 5)  Line 8: Total receipts this period (page 7)  Line 8: Roars of bank(s) used  Line 8: Total receipts this period (page 7)  Line 8: Roars of bank(s) used  Line 8: Total receipts this period (page 7)  Line 8: Name of bank(s) used  Aphibits for Cummittee Treasures  Aphibits of Cummittee Appenditures on the Aphibits of the Cummittee Appenditures on the Aphibits on the Cummittee Appenditures on the Aphibits on the Cummittee Appenditures on the Aphibits on the Cummittee Appenditures on t	of Massachuseus		File with: City or Town Clerk of Election Commission
Sth day preceding preliminary Sth day preceding election 30 day after election Page 40 days after election Page 40	Fill in Repor	ting Period dates: Beginning Date: 16/2	17/15 Ending Date: 12/31/16
Committee Treasurer:  Seriod and Institute of Committee Treasurer:  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 7: Total (all) outstanding liabilities (page 7)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 8: Name of complete statement of all campaign linesee of the			30 day after election
E-mail		Carar Manaina  Gandidate, Full Name of Speplicable)	
SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  Line 9: Total (all) outstanding attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign funds activity including contributions on my belaif diving this reporting period incurred my liabilities my reporting lending attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign funds activity including contrib	59	(Cerlos talo Ret, Newton 02/60	
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	Candidate v	without Committee OR Candidate with independent activity ining se-	he best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:		- Lun A/	(Candidate's signature)

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## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ALLACTOR OF THE STATE OF THE ST			
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ine 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
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	RECEIPTS IN THE PERIOD		☐ Enter on page 1, line 2  Indicate the control of

<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.

#### 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

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			TABLE TO THE TABLE	*****
		Line 12: Total Expenditures or	ver \$50 (or listed above)	****
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	***************************************
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	***************************************

<sup>\*</sup> 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)**

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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•		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
		Line 13. Expenditures \$30 and	under (not fisied above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
		include them in line 12. Line 13 s		<u> </u>

<sup>\*</sup> 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
	,			
I		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 CO	ONTRIBUTIONS	

<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.

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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		
		•.				
LACE THE ACTUAL DELIVERANCE AND ACTUAL DELIVE						
:						
	Enter on page 1, line 7 →	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				