

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massach 29th JAN -8 PM 12: 55			File with:	City or Town Clea	rk or Electi	on Commission
Fill in Reporting Period dates: Beginning Date: Oct	25, 2014	Ending 1		Jan 1, 2016		
Newton, MA 02459						
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	☐ 30 day	after election	⊠ y	ear-end report	dis	solution
Margie Ross Decter	Comm	ttee to Elect Ma	rgie Ros	s Decter		
Candidate Full Name (if applicable)			Comm	nittee Name		
School Committee - Newton Ward 8	Christo	pher Steele				
Office Sought and District		Na	ame of Co	mmittee Treasurer		
20 Vine Street, Newton, MA 02459	702 Ch	estnut St, Waba	ın, MA 0	2468		
Residential Address		C	Committee	Mailing Address		
Telephone Number (optional):	Telephon	Number (optional)	):			
SUMMARY BALAN	CE INFO	RMATION:				•
Line 1: Ending Balance from previous report				1,975.	07	
Line 2: Total receipts this period (page 3, line 11	)				0	
Line 3: Subtotal (line 1 plus line 2)				1,975	.07	
Line 4: Total expenditures this period (page 5, li	ne 14)					
Line 5: Ending Balance (line 3 minus line 4)						
Line 6: Total in-kind contributions this period (p	age 6)					
Line 7: Total (all) outstanding liabilities (page 7						
Line 8: Name of bank(s) used: Citizens Bank						
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:	contributions	and liabilities for th	is reportin s of M.G.I	ng period and repres	all campai ents the ca	ign finance mpaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	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 to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reportion.	ne best of my leccordance with generated.	h the requirements o	f, a true an	nd complete stateme c. 55. I have not re	ent of all ca	umpaign finance contributions,
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to t finance activity, including contributions, loans, receipts, expenditures, disbursemer campaign finance activity of all persons acting under the authority or on behalf of the contributions.	ne best of my lets, in-kind cor	nowledge and belie tributions and liabili	ities for the	is reporting period :	and represe	umpaign ents the
Simulation the secretary of positives:		(Candidate	e's sionatu	re) Date:	1/4/	16

#### 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)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← 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.

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabeteai isting required)	7 mount	(101 contributions of allow of more)
		7	
			<u> </u>
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		L	d include only those receipts not itemized above.

<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 report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	intee name and a page number on	F5-1/	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			·	
			'	
			·	
	<u> </u>			
<u></u>				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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		
	,					
11						
		Line 12: Expenditures over \$50	0 (or listed above)			
		Line 13: Expenditures \$50 and	under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD			
f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized						

<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.

## **PETITEDITE C: "IN-KIND., CONLISIBILIONS**

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.

	ONTRIBUTIONS	Line 17: TOTAL IN-KIND Co	Enter on page 1, line 6 →	
	(50 & under (not listed above)	Line 16: In-Kind Contributions		
	over \$50 (or listed above)	Line 15: In-Kind Contributions		
			·	
9ulaV	Description of Contribution	Residential Address	From Whom Received*	Date Received

\* 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
				<u> </u>
		·		
		,		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	