

RECEIVED Newton City CPF D 102: Campaign Finance Report Office of Campaign and Political Finance

2015 JUN 29 PM I: 02

of Massachusetts. LUID JUN 2.3 FII 4. U.E.	
File with: Director Office of Campaign and Militeral Finances on, CMC One Ashburton Place OW ton, MA 02459	CPF ID#
Boston, MA 02108 Please print or type all information	n, except signatures.
Fill in dates: Reporting Period Beginning 12 Your	Ending / Date / Year
Type of report: (Check one) Initial Report Year-end Report Di	ssolution Report
Full Name of Candidate Office Sought/District 4 g William At Residential Address W New You MA (17-721-1062 Tel. No. (optional)	Committee Name Coge Cardner Name of Committee Treasurer Committee Mailing Address (a 17 -721-1062 Tel. No. (optional)
Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used	S
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be finance activity, including all contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties Treasurer's signature (in ink)	s, in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
Affidavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report, and attached schedules, and it is, to the best of finance activity, of all persons acting under the authority or on behalf of this committee contributions, incurred any liabilities nor made any expenditures on my behalf during to Candidate without committee OR Candidate with independent activity filling I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of p	his reporting period. his reporting period. separate report est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.

SCHEDULE A: RECEIPTS

INITIAL REPORT: Report any receipts received before appointing the depository bank

OTHER REPORTS: You may omit schedule A information, as this has previously been disclosed on the reports

filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
Line 9:	Total receipts in excess of \$50			
Line 10:	Total receipts \$50 and under			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	·		Enter on page 1, line 2.

SAVINGS ACCOUNT INFORMATION

Are there any campaign funds on deposit in savings accounts/CD	os etc.? No (go to page 3) Yes
If yes, complete the following:	
Name(s) of Bank(s) and/or CDs	Amount in account/CD etc.
	\$
	\$
	\$
	\$
SAVINGS ACCOUNT/CD TOTAL:	\$

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

SCHEDULE B: EXPENDITURES

INITIAL REPORT: Report any expenditures made before appointing the depository bank.

OTHER REPORTS: You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
from	12-13- Donation	mi 5e.	Donations.	400	
	eperation was my wounded worker	rore Free Andre Amérossi			
	genty. Police Ore Republican Com			·	
	14001 Car 25 x 12			250	
	19 stamps	Line 12:	Expenditures over \$50		
		Line 13:	Expenditures \$50 and under	& 6 € €	68
	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	687	
	•	<u> </u>			CIC

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				•
		Line 15:	In-kind over \$50	-
•		Line 16:	In-kind \$50 and under	1.7
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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 contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

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	
	·	√			
			·		
(
	Enter on page 1, line 7.	Line 18: OUTSTANDING	LIABILITIES (ALL)		

SCHED	ULE E: DISC	LOSURE OF ASSET	TS STATEMENT	
All candidates and committees mus	t fill in part A	or part B.		
Part A:			•	
☐ No assets* were acquired or disp	osed of by this	candidate/committee dur	ing the period covered b	y this statement.
Part B: <u>Assets acquired</u> : List all assets acquired have filed, list all assets.	ired since the co	mmittee last filed this st	atement. If this is the firs	st Schedule E you
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
				·

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/ value
		i .		
	<u> </u>			

Asset aclude year, model or other identifying aformation, if applicable.	Date Acquired	Disposition to: Name and Address	Disposition Value Attach statement of how value is determined.
v			

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page.

^{*} An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.