

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance WECEIVED

of Massachusetts	2445 Och Cay or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	7/01/2015 Ending Date: 10/30/2015			
Type of Report: (Check one)	Newton, MA 02459			
8th day preceding preliminary 30 day after election year-end report dissolution				
HOWARD M. HAY WOOD Candidate Full Name (if applicable)	Committee Name			
Charter Review Commission Office Sought and District	MIMAS P. TURNER Name of Committee Treasurer			
(1) WAKER St. MEWTON, MAD 02460 Residential Address	61 WALKER St. Newton, MA 02468 Committee Mailing Address			
Telephone Number (optional):	Telephone Number (optional):			
SUMMARY BALANCE INFORMATION:				
Line 1: Ending Balance from previous report	275.00			
Line 2: Total receipts this period (page 3, line 11)	275.00			
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 (pa	19e6) - 347.86. LOANS			
Line 7: Total (all) outstanding liabilities (page 7)	None			
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 of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjure: 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 best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Candidate's signature) (Candidate's signature) (Candidate's signature)			

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.)

report an receipts. 1	Please include your committee name and a pa	age number on ea	
	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1018/15	GODENE, FAN 19 ORDSTENED, NEWTON, GA	150.00	·
10/5/15	Godeve, MN 19 Orosten Ed. Hewton, tha Wright, Shirley 6 Gill More Rd Wordester, tha 01602	100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	250.00	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	25,00	
	RECEIPTS IN THE PERIOD	275.00	Enter on page 1, line 2