Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
Newton City Clerk
2015 OCT 26 PM 12: 52
David A. Olson, CMC
Newton, MA 02459

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/7/2015 Ending Date: 10/26/2015

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Susan Carson Huffman	Committee to Elect Susan Huffman
Candidate Full Name (if applicable)	Committee Name
School Committee, Ward 5 Newton	Sande Young
Office Sought and District	Name of Committee Treasurer
27 Indiana Terrace, Newton Upper Falls, MA 02464	27 Indiana Terrace, Newton Upper Falls, MA 02464
Residential Address	Committee Mailing Address
Telephone Number (optional): (617) 359-4223	Telephone Number (optional): (617) 359-4223

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2,065
Line 3: Subtotal (line 1 plus line 2)	2,065
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	2,065
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	The Village Bank, Newton

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 perjury: Sande Young (Treasurer's signature) Date: Oct. 26, 2015

FOR CANDIDATE FILINGS ONLY: **Affidavit of Candidate: (check 1 box 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 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 of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my 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: Susan Carson Huffman (Candidate's signature) Date: Oct. 26, 2015

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)
9/9/2015	Anil Adyanthaya, 11 Tamarac Road, Newton Upper Falls, MA 02464	125	
9/11/2015	Lois Charles, 61 North Gate Park, West Newton MA 02465	100	
9/14/2015	Deborah R Dugan, 25 Hall Avenue, Watertown MA 02472	100	
9/11/2015	William H Heck, 32 Oldham Road, West Newton MA 02465	100	
9/5/2015	Massachusetts Republican Assembly PAC, PO Box 10486, Holyoke MA 01041	100	
9/5/2015	John F Neville, 68 High Street, Newton Upper Falls MA 02464	200	Retired
10/2/2015	Newton Republican City Committee, 117 Truman Road, Newton Center, MA 02459	500	
9/5/2015	Watertown Republican Town Committee, Watertown, MA	100	
8/7/2015	Larry Young, 18 Karen Road, Waban, MA 02468	500	Retired
8/7/2015	Sande Young, 18 Karen Road, Waban, MA 02468	100	

Line 9: Total Receipts over $50 (or listed above)	1,925	
Line 10: Total Receipts $50 and under* (not listed above)	140	
Line 11: TOTAL RECEIPTS IN THE PERIOD	2,065	← 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 Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Total Expenditures over $50 (or listed above)	0
Line 13: Total Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	0

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	0
Line 13: Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	0

* 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

Line 15: In-Kind Contributions over $50 (or listed above)	0
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

Enter on page 1, line 6 →

* 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.

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: TOTAL OUTSTANDING LIABILITIES (ALL)**		0