

# Form CPF M 102: Campaign Finance Report RECEIVED Newton City Clerk **Municipal Form**

Office of Campaign and Political Finance

Commonwealth of Massachusetts 2015 OCT 26 PM 1: 24

Fill in Reporting Period dates: . CMCBeginning Date: Janua Newton, MA 02459	ary 1, 2015 Ending Date: October 26, 2015	
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	30 day after election year-end report dissolution	
Angela Pitter Wright	Committee to Elect Angela Pitter Wright	
Candidate Full Name (if applicable)	Committee Name	
School Committee at Large (Ward 3)	Gisele Garraway	
Office Sought and District	Name of Committee Treasurer	
39 Joseph Road, Newtonville, MA 02460	39 Joseph Road, Newtonville, MA 02460	
Residential Address	Committee Mailing Address	
Telephone Number (optional): 6172449021	Telephone Number (optional): 6176125576	
SUMMARY BALANC	CE INFORMATION:	
Line 1: Ending Balance from previous report	\$765.54	
Line 2: Total receipts this period (page 3, line 11)	\$0.00	
Line 3: Subtotal (line 1 plus line 2)	\$765.54	
Line 4: Total expenditures this period (page 5, lin	ne 14) \$0.00	
Line 5: Ending Balance (line 3 minus line 4) \$765.54		
Line 6: Total in-kind contributions this period (pa	age 6) \$0.00	
Line 7: Total (all) outstanding liabilities (page 7)	\$1,089.64	
Line 8: Name of bank(s) used: The Village Bank		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority of an behalf of this committee in Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 10/26/15	
	eparate report e best of my knowledge and belief, a true and complete statement of all campaign	
campaign finance activity of all persons acting under the authority or on behalf of the	is computate in accordance with the requirements of M.G.L. c. 55.  (Candidate's signature)  Date: 7926/15	

#### **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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required) Amou		(for contributions of \$200 or more)	
	•	W		
	,			
		1		
		1		
		-		
Line 9: Total Rece	eipts over \$50 (or listed above)	\$0.00		
ling 10. Total D	aints \$50 and under* (not listed above)	\$0.00		
ine 10: Total Rec	eipts \$50 and under* (not listed above)	\$0.00		
ine 11: TOTAL	RECEIPTS IN THE PERIOD	\$0.00	← Enter on page 1, line 2	
		L	Id 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			·
			·
Line 9: Total Recei	pts over \$50 (or listed above)	\$0.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	\$0.00	
	RECEIPTS IN THE PERIOD	\$0.00	Enter on page 1, line 2 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.)

eport all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$0.	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	\$0.	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$0.	

<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.

Page 4

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Dumass of Evner diture	Amount
Date Faid	(aiphabetical listing)	Address	Purpose of Expenditure	Amount
				m. Lineage Annual Market
	4.			
		Line 12: Expenditures over \$50	(or listed above)	\$0.0
		Line 13: Expenditures \$50 and u	under* (not listed above)	\$0.0
	D	Line 14: TOTAL EXPENDIT	HDECIN THE DEDIOD	\$0.0
	Enter on page 1, line 4 →		hould include only those expenditure	L

<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
		·		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	\$0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	\$0.00

<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.

Page 6

### **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
9/2011	Angela Pitter Wright	39 Joseph Road Newton MA 02460	purchase of lapel stickers	\$118.06
12/2011	Angela Pitter Wright	39 Joseph Road Newton MA 02460	loan to campaign	\$738.76
12/2011	Angela Pitter Wright	39 Joseph Road Newton MA 02460	card printing (Grenier)	\$148.00
12/2011	Angela Pitter Wright	39 Joseph Road Newton MA 02460	sticker printing (Dr. Don's Buttons)	\$84.82