

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	0/4/2014 Ending Date: 12/31/2014
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
oth day preceding preminiary and day preceding election	30 day after election year-end report dissolution
JEANNE MARRAZZO	COMMITTEE TO GLESS TERMESTERS
Candidate Full Name (if applicable)	COMMITTEE TO ELECT JEANNE MARRA EL
	32 4 67
WARD ALDERM AN, WARD 3	DIANE BULLDINKLES
Office Sought and District	Name of Committee Treasurer
25 MAGUE AV. WN 0246	ST 25 MAGUE AV RONROZATOS
Residential Address	Committee Mailing Address
Telephone Number (optional): (17.224 - 2031	1:1
Telephone Number (optional). 0171224 2031	Telephone Number (optional): (01+, 224, 203)
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	347.76
Line 2: Total receipts this period (page 3, line 1	(1)
Line 3: Subtotal (line 1 plus line 2)	347.76
Line 4: Total expenditures this period (page 5,	line 14)
Line 5: Ending Balance (line 3 minus line 4)	347.76
Line 6: Total in-kind contributions this period	(page 6) 34 7, 76
Line 7: Total (all) outstanding liabilities (page	7)
Line 8: Name of bank(s) used:	IGE BANK, AUBURNDALE MA
Affidavit of Committee Treasurer:	
	e in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1/20/2015
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	l box only)
Candidate with Committee	
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 in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, tring period.
Candidate without Committee	
	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the f this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the population of purious.	(Candidate's signature) Date: 1/20/15
Signed under the penalties of perjury:	(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.)

	N		Occupation & Employer	
Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
Date Received	(aiphabetical using required)	Timodat	(201 00111111111111111111111111111111111	
			The state of the s	
			10	
i 0. T + 1 D				
ine 9: 1 otal Reco	eipts over \$50 (or listed above)	0		
ine 10: Total Rec	eipts \$50 and under* (not listed above)			
ine 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.)

To Whom Paid Date Paid (alphabetical listing) Address Purpose of Expenditure Amount				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			American de la companya de la compan	
				-
		:		
			-	
			371	
				Control States and Control States and St
		Line 12: Total Expenditures ov	er \$50 (or listed above)	0
Line 13: Total Expenditures \$50 and under* (not listed above)				
		Line 14. TOTAL EXPENDITE	LIDEG DI THE PERIOD	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	UKES IN THE PERIOD	

^{*} 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 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
12/31/2014	JEANNE MARRA 220	25 MAGUE AV, WN 02465	CANDIDATE FORGINE LOAN	347.76
contributes more tha	ribution is received from a person who an \$50 in a calendar year, you must report as of the contributor; in addition, if the	Line 15: In-Kind Contributions	over \$50 (or listed above)	
	or more, you must also report the	Line 16: In-Kind Contributions	\$50 & under (not listed above)	4
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	347,76

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
				ACCOUNTS OF THE PROPERTY OF TH
		*		
	OLD ASSESSMENT OF THE PROPERTY			