

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	01/01/2013 Ending Date: OF 18/25/3
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding elections	on 30 day after election year-end report dissolution
Candidate Full Name (if applicable)	CTE SUSAN Albeight Committee Name
Office Sought and District	Name of Committee Treasurer 1671 COMMON WEATH AVE NEWTON CENTRE OF A
Residential Address Telephone Number (optional):	Committee Mailing Address Telephone Number (optional): 617.244.1256
SUMMARY BAL	ANCE INFORMATION:
Line 1: Ending Balance from previous repor	1492, O
Line 2: Total receipts this period (page 3, lin	ne 11)
Line 3: Subtotal (line 1 plus line 2)	1492.09
Line 4: Total expenditures this period (page	5, line 14) Ø
Line 5: Ending Balance (line 3 minus line 4)	1492.09
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (page	ge 7)
Line 8: Name of bank(s) used:	ok
activity, including all contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this comm	the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind 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: 16/16/13
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (chec	ck 1 box only)
	s, to the best of my knowledge and belief, a true and complete statement of all campaign finance ee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, eporting period.
Candidate without Committee I certify that I have examined this report including attached schedules and it is finance activity, including contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behalf	s, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the all of this committee in accordance with the requirements of M.G.L. c. 55.
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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	Ø	←□ 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
	e e e e e e e e e e e e e e e e e e e			
1				
			, ,	
To office a second				
		Line 12: Total Expenditures of	over \$50 (or listed above)	
		Line 13: Total Expenditures \$	50 and under* (not listed above)	
			TURES 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
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)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	Ø

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 OUTSTAND	ING LIABILITIES (ALL)	Ø