

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

Fill in Reporting Period dates: Beginning Date: JAN	File with: City or Town Clerk or Election Commission 1,2013 Ending Date: 2,2013			
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	NEWTON, MASS ☐ 30 day after election ☐ year-end report ☐ dissolution			
Candidate Full Name (if applicable)	Committee TO ELECT ALLAN CICCONETR			
ACCEPTAN AT LARGE WARD I Office Sought and District	DIANA Forgione Name of Committee Treasurer			
22 WEST ST NEWTON	22 WEST ST NEWTON			
Residential Address Telephone Number (optional):	Committee Mailing Address Telephone Number (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	1294.48			
Line 2: Total receipts this period (page 3, line 11)	-0-			
Line 3: Subtotal (line 1 plus line 2)	1294.48			
Line 4: Total expenditures this period (page 5, line 14) 560.60				
Line 5: Ending Balance (line 3 minus line 4) 794.48				
Line 6: Total in-kind contributions this period (page 6)				
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used: VIVAGE	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 perjury: Candidate with 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 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 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)				

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.)

Peport all receipts. Please include your committee name and a page number on each page.) Name and Residential Address Occupation & Employer					
Date Received Name and Residential Address (alphabetical listing required) Amount			(for contributions of \$200 or more)		
Date Received	(aiphabetical listing required)	Amount	(IIII CONTINUED OF 9200 OF 2200)		
Line 9: Total Recei	pts over \$50 (or listed above)				
Line 10: Total Rece	ipts \$50 and under* (not listed above)				
in a 11. TOTAL D	DECEMPOR IN THE DEDICE				
ane II: IOIAL R	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.)

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/2/200	Fight FOR LIFE	NEWTON, MA	DONATION	500,00	
Line 12: Total Expenditures over \$50 (or listed above) 500.0			500.00		
Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	CURES IN THE PERIOD should include only those expenditure	500.00	

^{*} 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 3

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
* 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		Line 15: In-Kind Contributions	s 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 CONTRIB		ONTRIBUTIONS		

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)				