

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| of Massachusetts | File with: City or Town Clerk or Election Commission | | | |
|---|---|--|--|--|
| Fill in Reporting Period dates: Beginning Date: January 1, 2013 Ending Date: October 18, 2013 | | | | |
| Type of Report: (Check one) | | | | |
| ☐ 8th day preceding preliminary ☐ 8th day preceding election | ☐ 30 day after election ☐ year-end report ☐ dissolution | | | |
| Leonard J. Gentile | CTE Leonard J. Certile | | | |
| Candidate Full Name (if applicable) | Committee Name | | | |
| Alderman-At-Large | San Ma Calilo III and | | | |
| Office Sought and District | Name of Committee Treasurer | | | |
| 99 Asiper Avenue 02466 | 99 Asizen ANDRUE 00466 | | | |
| Residential Address | Committee Mailing Address | | | |
| Telephone Number (optional): 617-507-5446 | Telephone Number (optional): 617-527-5946 | | | |
| SUMMARY BALANC | E INFORMATION: | | | |
| Line 1: Ending Balance from previous report | 193.56 | | | |
| Line 2: Total receipts this period (page 3, line 11) | <u> </u> | | | |
| Line 3: Subtotal (line 1 plus line 2) | 193.56 | | | |
| Line 4: Total expenditures this period (page 5, lin | e 14) O | | | |
| Line 5: Ending Balance (line 3 minus line 4) | 193.56 | | | |
| Line 6: Total in-kind contributions this period (pa | ge 6) | | | |
| Line 7: Total (all) outstanding liabilities (page 7) | -0 | | | |
| 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 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 negatives of periury: | | | | |
| (Treasurer's signature) | | | | |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) | | | | |
| 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, 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 autority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. | | | | |
| Signed under the penalties of perjury: Automatic (Candidate's signature) Date: 10/22/13 | | | | |

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 AddressDate Received(alphabetical listing required) | | Amount | Occupation & Employer (for contributions of \$200 or more) | | |
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| Line 9: Total Receipts over \$50 (or listed above) | | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | | |
| Line 11: TOTAL F | 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 |
|---|--|---------------------------------|---------------------------------|---------------|
| | | | | Amount |
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| | | Line 12: Total Expenditures ov | ver \$50 (or listed above) | leipf et enti |
| | | Line 13: Total Expenditures \$5 | 0 and under* (not listed above) | |
| Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES 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. 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 |
|---------------------------------------|--|--------------------------------|------------------------------------|-------|
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| , , , , , , , , , , , , , , , , , , , | | Line 15: In-Kind Contributions | over \$50 (or listed above) | |
| | ss of the contributor; in addition, if the or more, you must also report the ation and employer. | Line 16: In-Kind Contributions | \$50 & under (not listed above) | |
| | Enter on page 1, line $6 \rightarrow$ | Line 17: TOTAL IN-KIND CO | 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 |
|--|-------------|---------|---------|--------|
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| Enter on page 1, line $7 \rightarrow$ Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | |