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	Commonwealth
	of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachuse	ens	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: October 18,2013 Ending Date: December 31, 2013					
Type of R	Report: (Check one)				
1	□ 8th day preceding preliminary □ 8th day preceding election □ 30 day after election ⊠ year-end report □ dissolution				
Ellen Gibso	2n	Committee to Elect Ellen Gibson			
Candidate Full Name (if applicable)					
School Co	mmittee, Newton Ward 1	Sarah Ecker			
	Office Sought and District	Name of Committee Treasurer			
41 Vernon	Street, Newton, MA 02458	41 Vernon Street, Newton, MA 02458			
	Residential Address	Committee Mailing Address			
Telephone Nu	umber (optional): (617) 527-2856	Telephone Number (optional): (617) 527-2856			
[	SUMMARY BALANCI	CE INFORMATION:			
	Line 1: Ending Balance from previous report	1,1 <u>4</u> 6;77			
	Line 2: Total receipts this period (page 3, line 11)	.) 100			
	Line 3: Subtotal (line 1 plus line 2)	1,246.77			
	Line 4: Total expenditures this period (page 5, line	ne 14) 0			
	Line 5: Ending Balance (line 3 minus line 4)	1,246.77			
	Line 6: Total in-kind contributions this period (pag	age 6) 0			
	Line 7: Total (all) outstanding liabilities (page 7)				
	Line 8: Name of bank(s) used: Village Bank, Newtonville, MA				
I certify that I activity, inclu- finance activit	Committee Treasurer: have examined this report including attached schedules and it is, to the best of ding all contributions, loans, receipts, expenditures, disbursements, in-kind or ty of all persons acting under the authority or on behalf of this committee in a the penalties of perjury:	st of my knowledge and belief, a true and complete statement of all campaign finance d contributions and liabilities for this reporting period and represents the campaign n accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 120 14			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
	te with Committee and no activity independent of the committee	•			
activity,	that I have examined this report including attached schedules and it is, to the	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period.			
I certify finance a	• •	he best of my knowledge and belief, a true and complete statement of all campaign tts, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:					

#### **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)
10/24/2013	Prenner, Emily 702 Chestnut St., Waban, MA 02468	100	
Line 9: Total Receipts over \$50 (or listed above)		100	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	← 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.

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#### **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
[]		[] []		[]
		Line 12: Total Expenditures over \$50 (or listed above)		0
		Line 13: Total Expenditures \$50 and under* (not listed above)		0
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

\* 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 C: "IN-KIND" CONTRIBUTIONS

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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
	[]			
I		Line 15: In-Kind Contributions over \$50 (or listed above)		0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
Enter on page 1, line $6 \rightarrow$ Line 17: TOTAL IN-KIND CON			ONTRIBUTIONS	0

\* 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.

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## **SCHEDULE D: LIABILITIES**

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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)				0

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