



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 1, 2013 Ending Date: Oct 28, 2013

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Ruth Goldman
Candidate Full Name (if applicable)

School Committee, Ward 6
Office Sought and District

117 Cypress St., Newton, MA 02459
Residential Address

Telephone Number (optional): _____

Campaign to Elect Ruth Goldman
Committee Name

Dan Powdermaker
Name of Committee Treasurer

119 Lincoln St., Newton, MA 02461
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1,840
Line 3: Subtotal (line 1 plus line 2)	1,840
Line 4: Total expenditures this period (page 5, line 14)	921.05
Line 5: Ending Balance (line 3 minus line 4)	918.95
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	<u>The Village Bank</u>

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: _____ (Treasurer's signature) Date: Oct 28, 2013

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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 OR Candidate with independent activity filing separate report
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: Ruth Goldman (Candidate's signature) Date: Oct 28, 2013

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)
May 31, 2013	Claire Sokoloff 41 Oxford Rd Newton, MA 02459	250	School Committee Chair
Aug 26, 2013	Mary Goldman 30 Maybrooke Rd. Rochester, NY 14618	50	Admin/Marketing
Aug 26, 2013	Christine Jones 230 Armory St. Jamaica Plain, MA 02130	25	
Aug 26, 2013	Craig Bradley	100	School Administration
Aug 26, 2013	Den Powdermaker 119 Lincoln St. Newton, MA 02461	45	Consultant
Sep 5, 2013	Deborah Carr 9 Aberdeen St. Newton, MA 02461	60	
Sep 6, 2013	Dorothy Powdermaker	50	retired
Sep 1, 2013	Janet Schloss 31 Stearns St. Newton, MA 02459	50	
Sep 5, 2013	Amy Shorter-Less Newton, MA	25	
Sep 5, 2013	Peter Goldman 43 Parker St. Newton, MA 02459	100	Retired
Sep 3, 2013	Kathleen Hawkins	30	
Sep 3, 2013	Sarah Levine 203 Appleton St. Cambridge, MA 02138	50	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Sep 3, 2013	Jenny D. Russell 190 Central St. Milton, MA 02186	50	
Aug 16, 2013	Diana Gomborg dfgomborg@gmail.com	50	
Sep 6, 2013	Ann Wallace 29 Pinckney St Boston, MA 02114	100	
Sep 9, 2013	Risa Shames 57 Ridge Ave Newton, MA 02459	40	
Sep 9, 2013	Ilona & Jerney Goldfarb 131 Cypress St. Newton, MA 02459	100	
Sep 12, 2013	Matthew Hills 25 Hobart Rd. Newton, MA 02459	100	
Sep 12, 2013	Holly Henson hollyhenson82@hotmail.com	50	
Sep 12, 2013	Elizabeth Morgan ecm578@msn.com	50	
Sep 13, 2013	Pamela Frorer 1456 Centre St. Newton, MA 02459	50	
Sep 16, 2013	Alexandra Liftman 11 Glenwood Ave. Newton, MA 02459	200	
Sep 22, 2013	Diane Gomez 16 Glenwood Ave. Newton, MA 02459	100	
Sep 24, 2013	Chafen Lu 36 Woodman Rd Chestnut Hill, MA 02467	40	
Oct 4, 2013	Phillip Harrell pjharrell@yahoo.com	50	
Line 9: Total Receipts over \$50 (or listed above)		1,815	
Line 10: Total Receipts \$50 and under* (not listed above)		25	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,840	← 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
May 10, 2013	Carla Powdermaker	119 Lincoln St. Newton, MA 02461	Logo Software	18
Jun 4, 2013	Signal Graphics	3269 19st NW #6 Rochester, MN 55901	Campaign Buttons	39.97
May 31, 2013	Signal Graphics	441 Centre St. Newton, MA 02458	Palm Cards	180.63
May 4, 2013	NameCheap.com	support@namecheap.com	Web Hosting	10.69
Sep 26, 2013	Victory Store	5200 SW 30th St. Davenport, I 52802	Yard Signs	638.54
Varied	PayPal	CA	Processing Charges	33.22
Line 12: Total Expenditures over \$50 (or listed above)				921.05
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				921.05

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

BOARD OF ELECTIONS
STATE OF MASSACHUSETTS

2013 OCT 28 A 10:37

NEWTON, MASS

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

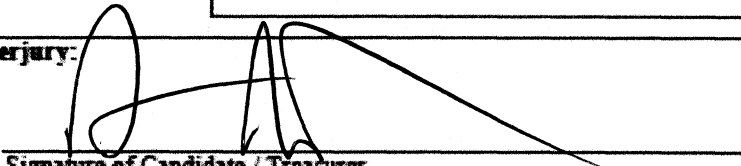
CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
May 31, 2013	Signal Graphics	441 Centre St. Newton, MA 02458	Palm Cards	\$180.63
Sep 26, 2013	Victory Store	5200 SW 30th St. Davenport, IA 52802	Yard Signs	\$638.54

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	819.17
Line 2: Expenditures \$50 or under (not itemized):	50.66
Line 3: TOTAL AMOUNT REIMBURSED:	869.83

Signed under the penalties of perjury: 

Date:

Signature of Candidate / Treasurer

Please prepare a separate report for each reimbursement check issued by the committee.