

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachus	setts	File with: City or Town Clerk or Election Commission			
Fill in Re	eporting Period dates: Beginning Date:	1 / 1 <u>Ending Date:</u> 10 / 18 / 13			
Type of I	Report: (Check one)	70-3			
8th day	8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution				
	David Kalis	Connittee to Elect Pavid Ralis			
A	Candidate Full Name (if applicable)	Robert Finkel			
	Office Sought and District Andrew Street Newton MA 02461	Name of Committee Treasurer Stearns Star New ton MA 02459			
	Residential Address	Committee Mailing Address			
Telephone N	Jumber (optional):	Telephone Number (optional):			
	SUMMARY BALANC	E INFORMATION:			
	Line 1: Ending Balance from previous report	933,52			
	Line 2: Total receipts this period (page 3, line 11)	362.32			
	Line 3: Subtotal (line 1 plus line 2)	1295.84			
	Line 4: Total expenditures this period (page 5, line	e 14)			
	Line 5: Ending Balance (line 3 minus line 4)	1295.84			
	Line 6: Total in-kind contributions this period (page	ge 6) ———————————————————————————————————			
	Line 7: Total (all) outstanding liabilities (page 7)				
	Line 8: Name of bank(s) used:	illase 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: (Treasurer's signature) Date:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
I certify activity,	that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in accident any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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: Date: 16/19/13					

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.)

report all receipts. Ple	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)			
6.19.13	Barbara Caffin 13000Kdale Rdyct	96.80				
7.3.13	paul (rowley 423 Winchestost Newton MA 0246)	90.80				
Line 9: Total Rece	ipts over \$50 (or listed above)	193.60				
Line 10: Total Rece	eipts \$50 and under* (not listed above)					
Line 11: TOTAL I	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.)

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
Line 12: Total Expenditures over \$50 (or listed above)					
		Line 13: Total Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
you have iter	nized expenditures of \$50 and unde	r, include them in line 12. Line 13 s	hould include only those expenditure	s not itemized	

Page 3

above.

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		Line 15: In-Kind Contributions over \$50 (or listed above)		
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.		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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				