



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 09/06/2013 Ending Date: 10/18/2013

Type of Report: (Check one)  
 8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

Anson Leary  
Candidate Full Name (if applicable)

WARD 1 Alderman  
Office Sought and District

192 Chapel Street Newton MA 02458  
Residential Address

Telephone Number (optional): \_\_\_\_\_

Committee to Elect Anson Leary  
Committee Name

Andrea Rozina  
Name of Committee Treasurer

192 Chapel Street Newton MA 02458  
Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$ 6363
Line 2: Total receipts this period (page 3, line 11)	1395
Line 3: Subtotal (line 1 plus line 2)	\$ 145863
Line 4: Total expenditures this period (page 5, line 14)	58038
Line 5: Ending Balance (line 3 minus line 4)	\$ 878,25
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	\$ 546.54
Line 8: Name of bank(s) used:	WILLZAC BANK, NEWTON MA

**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: Andrea Rozina (Treasurer's signature) Date: 10/20/2013

**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 authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Anson Leary (Candidate's signature) Date: 10-17-2013



RECEIPTS - 09/06/2013-10/18/2013

10/8/2013	Adler	Elizabeth	\$50	29 Bridge S	Newton	MA	02458
10/9/2013	Bethune	Lawrence	\$100	432 Waltham	Newton	MA	02465
10/12/2013	Bliss	Tamara	\$150	9 Lewis Str	Newton	MA	02458
9/8/2013	Greenberg	Maria	\$50	88 Adams S	Newton	MA	02458
9/8/2013	Hess-Maha	Ted	\$50	871 Washin	Newton	MA	02465
9/8/2013	Huber	Louise	\$100	39 Salisbur	Newton	MA	02458
9/8/2013	Kelley	Andrea	\$50	28 Putnam	Newton	MA	02465
9/8/2013	Leary	Anthony	\$50	97 Grosvne	Needham	MA	02492
9/8/2013	Martignoni	Suzanne	\$100	29 Carletor	Newton	MA	02458
9/8/2013	Mau	Mimoza	\$100	15 Arundel	Newton	MA	02458
9/11/2013	Mogul	Kathleen	\$100	218 Frankli	Newton	MA	02458
9/24/2013	Mooradian	Cyrilla	\$150	190 Chapel	Newton	MA	02458
10/8/2013	Semonian	Marian	\$100	373 Dedha	Newton	MA	02459
9/23/2013	Sweet	Doris	\$100	281 Lexingl	Newton	MA	02466
9/24/2013	Vittori	Dian	\$50	28 Cottonv	Newton	MA	02459

Tax ID

462 841539

Committee to Elect  
Alison Leary.



## 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
<p>* 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.</p> <p style="text-align: right;">Enter on page 1, line 6 →</p>			<b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>	
			<b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b>	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

## 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
<p>Enter on page 1, line 7 →</p>			<p style="text-align: center;"><i>See attached sheet</i></p>	
			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	\$ 546.54