Form CPF M 102: Can Municipa Office of Campaign an	al Form RECEIVED Newton City Clerk			
Commonwealth of Massachusetts	2014 JAN 21 PM 3: 02			
Fill in Reporting Period dates: Beginning Date: 12/6/2	Ending Patte: Newton, MA 02459			
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding preliminary	ay after election Dyear-end report dissolution			
Candidate Full Name (if applicable)	MMITTEL to Elect AllSon Leavy Committee Name			
Office Sought and District	Avalta Hozinetz			
192 Chup II Shult- NUV TON MA Residential Address 02450	192 Chapel Street Lewton 144 Committee Mailing Address 02458			
Telephone Number (optional):	one Number (optional):			
SUMMARY BALANCE INF	ORMATION:			
Line 1: Ending Balance from previous report	\$ 38345/			
Line 2: Total receipts this period (page 3, line 11)	400,00/			
Line 3: Subtotal (line 1 plus line 2)				
Line 4: Total expenditures this period (page 5, line 14)				
Line 5: Ending Balance (line 3 minus line 4)	\$ 78345			
Line 6: Total in-kind contributions this period (page 6)				
Line 7: Total (all) outstanding liabilities (page 7)	78,41/			
Line 8: Name of bank(s) used:	· DANK			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my kno activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributio finance activity of all persons acting under the authority or on behalf of this committee in accordance	ns and liabilities for this reporting period and represents the campaign			
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1/21/2014			
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 m activity, of all persons acting under the authority or on behalf of this committee in accordance v 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 including attached schedules and it is, to the best of m finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind c campaign finance activity of all persons acting under the authority or on behalf of this committee of the second	y knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/2/2014			

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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.

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(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)
12/17/2013	Michelle H Sparks 51 Jackson Road	F400	Scientist-head of prod de velop Zafgen - Broædwau8 <u>Cambridge, MA</u> O2142
	Newton MUA 02458		02142
Line 9: Total Rece	ipts over \$50 (or listed above)	\$400	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL l	RECEIPTS IN THE PERIOD	\$400	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.

Date Received	Name and Residential Address (alphabetical listing required)Amount		Occupation & Employer (for contributions of \$200 or more)	
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	

SCHEDULE A: RECEIPTS (continued)

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* 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
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		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 4

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD				

SCHEDULE B: EXPENDITURES (continued)

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* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized 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
Line 15: In-Kind Contributions over \$50 (or listed above)		s over \$50 (or listed above)		
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 \rightarrow Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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.

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
10/201/13	Albon Leary	192 Chapel Newton (Nonatum Po)	reimburge postage	4220
10/210/13	Alison Leavy	192 Chapel Newton (STAPLES)	postcards.	3621
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	7841/

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