

# 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: JAN	(1, 20; 3 Ending Date: <u>CC 7 18, 20/3</u>
Type of Report: (Check one)	n S
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
ANTHONY T SOLVERS	CTE ANTHOSINET COLUNCE
ANTHOHY J. SALVUCCI Candidate Full Name (if applicable)	CTE ANTHONY J. SALVOCY
Candidate Pun Pranic (if applicable)	Committee Paris
WARD 3 ALDERMAN Office Sought and District	LORRAINE A. SALVUCCI
Office Sought and District	Name of Committee Treasurer
23 EDDY ST 02465	23 EDDY ST NEWTON 02465
Residential Address	Committee Mailing Address
Telephone Number (optional): 617 244-2509	Telephone Number (optional): 617 244 - 2509
SUMMARY BALANC	E INFORMATION:
The 1. Bulling Delayer from anything manager	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Line 1: Ending Balance from previous report	773.28
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	773.28
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	773.28
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:	BEBANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
	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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the

### 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)	
ine 9: Total Receip	ots over \$50 (or listed above)			
ine 10: Total Receipts \$50 and under* (not listed above)				
	ECEIPTS IN THE PERIOD	0	☐ Enter on page 1, line 2  Id include only those receipts not itemized above.	

<sup>\*</sup> 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.)

To Whom Paid  Date Paid (alphabetical listing)				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
***************************************				
		Line 12. Total E litera	050 (1:-4-1 -1>	
		Line 12: Total Expenditures ov	er and (or fisted above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

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

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## 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
			V	
contributes more tha	ibution is received from a person who in \$50 in a calendar year, you must report is of the contributor; in addition, if the	Line 15: In-Kind Contributions	over \$50 (or listed above)	
	or more, you must also report the	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

## **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
		7		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	