

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION. COMMISSIONERS

ommonwealth	File with: City 20 Pown Charles & Election Commission
Massachusetts ill in Reporting Period dates:	Beginning Date: OlollZ Ending Date: 12 31 12
Type of Report: (Check one)	2 set day preceding election 30 day after election year-end report dissolution
38th day preceding preliminary	stn day preceding over
Candidate Full Name (Office Sought and	Name of Committee Treasurer
Telephone Number (optional):	2. Newton OZ46 OF Structure Mailing Address OZ46/
Telephone Trains	SUMMARY BALANCE INFORMATION:
	ance from previous report
Line 2: Total recei	pts this period (page 3, line 11)
Line 3: Subtotal (ine I plus line 2)
Line 4: Total exp	enditures this period (page 5, line 14)
Line 5: Ending B	alance (line 3 minus line 4)
Line 6: Total in-	cind contributions this period (page 6)
Line 7: Total (al	outstanding liabilities (page 7) # 20,000.27
Line 8: Name of	bank(s) used: BANK & AMPRILL
Affidavit of Committee Treasurer: I certify that I have examined this report in activity, including all contributions, loans, finance activity of all persons acting under	cluding attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign eceipts, expenditures, disbursements are contributed as a contribution of the contribution expenses are contributed as a contribution expenses and contribution expenses are contributed as a contribution expenses are contributed as a contribution expenses are contributed as a contribution expense and contributed as a contributed expenses are contributed expenses.
FOR CANDIDATE FILINGS Candidate with Committee and no I certify that I have examined this repart activity, of all persons acting under to incurred any liabilities nor made any Candidate without Committee OF I certify that I have examined this refinance activity, including contribut campaign finance activity of all persons.	Affidavit of Candidate: (check 1 box only) activity independent of the committee our including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ne authority or on behalf during this reporting period. Candidate with independent activity filing separate report Candidate with independent activity filing separate report port including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign port including attached schedules and it is, to the best of my knowledge and bilities for this reporting period and represents the ons, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the sons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. (Candidate's signature) Date:
Signed under the penalties of perjury	

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	ease include your committee name and a page 1975. Name and Residential Address (alphabetical listing required)	Amount	Occupation 8 F
			(for contributions of \$200 or more)
Total Receipts and			
Total Receipts over \$	50 (or listed above)		
Total Receipts \$50 ar	nd under* (not listed above)		Sir on the factor from the second
TOTAL RECEIPTS	TAY may		on 10 mg/s and 10 mg/s and 10 mg/s and 10 mg/s
ve hemized receipts of	\$50 and under, include them in line 9. Line	Enter	on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

		SCHEDULE A: RE	ECEIPTS (cor	
e Dagging 1	Name and Re	esidential Address	Amount	(for contributions of \$200 or more)
te Received	(привоне			
	17718, 36 4 3H			
1				
9 19 19				
Line 9: Tota	I Receipts over \$5	50 (or listed above)		
Line 10: Tota	tal Receipts \$50 an	nd under* (not listed above	ve)	← Enter on page 1, line 2
7: 11 TO	TAL RECEIPTS	S IN THE PERIOD	#001	Enter on page 1, line 2 e 10 should include only those receipts not itemized above. P

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**

(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 itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

	SCHEDU	LE B: EXPENDITURES (
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Palu	(,			
		N. S.		
		Line 12: Expenditures	s over \$50 (or listed above)	
		Line 13: Expenditures	\$\$50 and under* (not listed above	op 00,00
	Enter on page 1,	(1) State of the s	EXPENDITURES IN THE PERIOD. Line 13 should include only those	OD MONO
	: avnenditures of \$50	and under, include them in line 12	. Life 13 should	Page

^{*} 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.

From Whom Red	ccerved	Residential Address	Description of a		
			- cocribiton of C	antuihatian	
			Description of Co	Ontribution	Value
111					
					1
	Line 15	: In-Kind Contributions ove			
	Line 16:	I. W. 1 .	\$50 (or listed above)		
Enter on page 1 line (Eme 10: 1	In-Kind Contributions \$50 &	& under (not listed above		=
ion is received from a person	→ Line 17: 7	TOTAL IN-KIND CONTI	RIPLITIONS	A	
	Enter on page 1, line 6 ion is received from a person dition, if the contribution is \$	Enter 16: 1	Enter 10: In-Kind Contributions \$50 &	Line 15: In-Kind Contributions over \$50 (or listed above) Line 16: In-Kind Contributions \$50 & under (not listed above) Line 16: In-Kind Contributions \$50 & under (not listed above) Line 17: TOTAL IN-KIND CONTRIBUTIONS dition, if the contribution is \$200 or more, you must also report the contributor's occupation and empty of the contribution is \$200 or more, you must also report the contributor's occupation and empty of the contribution is \$200 or more, you must also report the contributor's occupation and empty of the cont	Enter on page 1, line 6 Line 17: TOTAL IN XXXIII

n in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. Page 6

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.

ate Incurred	To Whom Du	e	Address	Purpose	Amount	
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		50 go 133 (6.5				
	1 A Supplied to the second sec	d sau) retuur	Ar Sond Congionness 250	ANDING LIABILITIES (AL	L) \$20,0	

