

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

f Massachusetts File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Ending Date: [231, 12]
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Candidate Full Name (if applicable) Candidate Full Name (if applicable) Committee Name of Committee Name of Committee Treasurer Committee Treasurer Name of Committee Treasurer Committee Mailing Address Committee Mailing Address Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 936.69
Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2)
Diffe 5: Substant (line 1 pros line 2)
Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 9 3 3 . 5 2
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used:
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) 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 my knowledge and belief, a true and complete statement of all campaign financiativity, 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 OR Candidate with independent activity filing separate report 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. (Candidate's signature) Date:
Signed under the penalties of perjury: (Candidate's signature)

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.)

		Name and Residential Address	page number or				
	Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)			
	7/24/11	Claire E. Sokoloff HI Oxford Rd Newton M 02439	100.0				
	7/25/11	Charless. Rudnick UI Lambard Rd Newton MA 03458	100.00	9			
Lir	ne 9: Total Receipts	over \$50 (or listed above)	200.00				
Lin	ne 10: Total Receipt	s \$50 and under* (not listed above)					
Lin	e 11: TOTAL REC	CEIPTS IN THE PERIOD	200.00	Enter on page 1 12 a			
* If	you have itemized rec	ceipts of \$50 and under, include them in line 9	Line 10 che 11	Enter on page 1, line 2			

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
(.			
Line 9: Total Rec	ceipts over \$50 (or listed above)		The second has a month of the second of the
Line 10: Total Re	ceipts \$50 and under* (not listed above)		executations with the same and selections of the
Line 11: TOTAL	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.)

To Whom Paid							
Date Paid	(alphabetical listing)	Address	D. cn				
7.24.	David Kalis	REWTON MA OZHEI	Reimbus ements	183.56			
	L	ine 12: Total Expenditures over	\$50 (or listed above)				
	L	ine 13: Total Expenditures \$50 a	nd under* (not listed above)	19.26			
f you have itemize	Enter on page 1, line 4 → L	nclude them in line 12. Line 13 shot	RES IN THE PERIOD	203,12			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Date Paid	To Whom Paid (alphabetical listing)	DULE B: EXPENDITUR		ontinuea)	
		Address		Purpose of Expenditure	Amoun
			4		
			#		
	Line	2: Expenditures over \$50 (or list		
	Line	13: Expenditures \$50 and un	der* (oot list 1 is	
j	Linci on page I line 4 . IT.		100000000000000000000000000000000000000	N THE PERIOD ude only those expenditures not iter	

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

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.

d together iro	om the committee's records and in			Value
e Received	From Whom Received*	Residential Address	Description of Contribution	Value
e Received				
		Line 15: In-Kind Con	tributions over \$50 (or listed above	e)
		Line 16: In-Kind Cont	ributions \$50 & under (not listed	above)
	Enter on page 1, lin	ne 6 → Line 17: TOTAL IN-	**So in a calendar year, you must rep	ort the name and addi

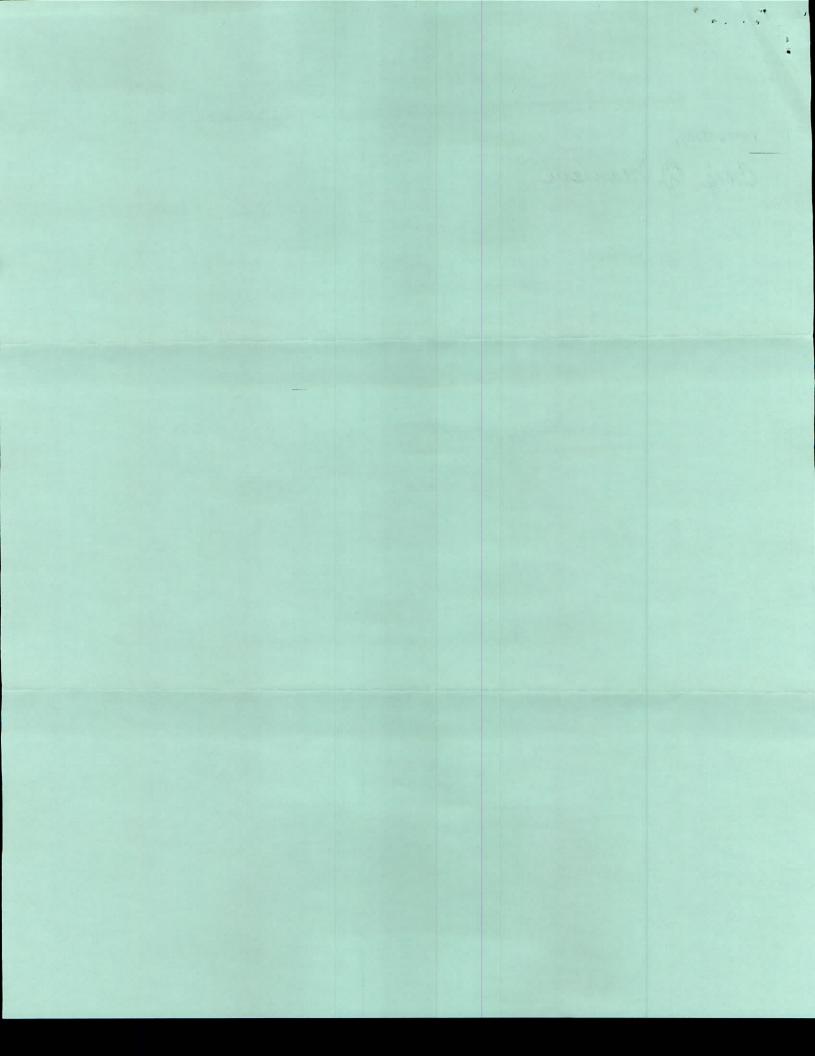
^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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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
9 11				
		garifia mua vavi-visio		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	





Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

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Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning Month Date 1 Year 2012 Ending Month O C Date 3 Syear Year
Type of report: (Check one) 8th day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution
David Kalis Committee to Eket Benja Kante
Full Name of Candidate (if applicable) Alderman at Large Robert Finkel a
66 Office Sought and District 6 Steams St
Residential Address Newton MA 02461 Newton MA 62459
Tel. No. (optional) Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used
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 (in ink) Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box 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 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 OR Candidate with independent activity filing separate report
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:

Candidate signature (in ink)

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

mber on ea	Name and Residential Address		Amo	unt	Occupation & Employer
Date Received	(alphabetical listing required)		11110		(for contributions of \$200 or more)
	Claire Conclete				
1/24/11	Claire E. Sonoroff 41 Oxford Rd Newton MA 0249	1	00	00	
124/11 125/11	Charles S. Rudnick y Lomberd Newton MA 02488		100	00	
Line 9:	Total receipts in excess of \$50 (or listed above)	-	3 00	00	
Line 10:	Total receipts \$50 and under* (not listed above)				
	TOTAL RECEIPTS IN THE PERIOD		200	00	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.

This page may be copied 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		
		-				
			Expenditures over \$50			
	Enter on page 1, line 4		Expenditures \$50 and under* TOTAL EXPENDITURES	19.	56	

^{*}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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Valu
		Line 15: In-kind over \$50 Line 16: In-kind \$50 and under Line 17: Total In-kind		
	Enter on page 1, line 6			

^{*} 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

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: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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