

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 1/1/	// Ending Date: /2/3///2			
Type of Report: (Check one)				
	30 day after election year-end report dissolution			
A MI Conside	X X 200			
Candidate Full Name (if applicable)	Committee Name N			
Ward 4 Allesmen-at-Large	N D 110			
Office Sought and District	Name of Committee Treasurer			
389 Central st Newton	06			
Residential Address	Committee Mailing Address			
Telephone Number (optional): $(617)969-0677$	Telephone Number (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	1688.38			
Line 2: Total receipts this period (page 3, line 11)				
Line 3: Subtotal (line 1 plus line 2)	1688.38			
Line 4: Total expenditures this period (page 5, line	e 14) O -			
Line 5: Ending Balance (line 3 minus line 4)	1686-38			
Line 6: Total in-kind contributions this period (pa	ge 6) 0 -			
Line 7: Total (all) outstanding liabilities (page 7)	15858.96			
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of	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.				
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 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 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			

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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 CAUSCHOOLINE As Provided to the 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 Occupation & Employer **Date Received** (alphabetical listing required) (for contributions of \$200 or more) Amount 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

^{*} 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 A: RECEIPTS (continued)

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
	TOTAL SAFERING TOTAL		CONTRACTOR POSTS INTO SERVICE AND		
ine 9: Total Receir	ots over \$50 (or listed above)				
•	pts \$50 and under* (not listed above)				
	ECEIPTS IN THE PERIOD		Constitution of the Consti		
			← Enter on page 1, line 2 d include only those receipts not itemized above.		

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.)

eport all expend	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(alphabetical listing)			
				- 12-12-14.
	- X			3 4
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	J	Line 12: Total Expenditures of	over \$50 (or listed above)	
	(avitas terai ster)	Line 13: Total Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD			0-	

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Take Take			
			1. <u>10.1</u> ACULT 601	
	in the second section of the second	Line 12: Expenditures over \$50	(or listed above)	
	(studialisiai) ration	Line 13: Expenditures \$50 and to	under* (not listed above)	_
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0-

^{*} 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)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0-

^{*} 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
Various	Any Mah Sangiolo	389 center st. Newton, MA 02465	Varias	15858.96
		emora Bural Lagrage		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	15858.96