

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

OI Massachasetts	<u> </u>	File with	City of Town Clerk or Election Commission
Fill in Reporting Period dates	Beginning Date:	2012 Ending Date:	12/31/2012 NEWTON. MASS
Type of Report: (Check one)  8th day preceding preliminary	8th day preceding election	30 day after election y	ear-end report 💢 dissolution
	ame (if applicable)	Committee to Ele	ect Greer Swiston  nittee Name
Mist Alderman-a Office Sough	H-Large Ward 3	Shan - Ming Name or co	Tav mmittee Treasurer
<u> </u>	est Newton, MA 02465	Committee	Cauton MA 0202
Telephone Number (optional): 67-90	05-4008	Telephone Number (optional): 617-	-308-6583
	SUMMARY BALANC	E INFORMATION:	
Line 1: Ending E	Balance from previous report	1,562.75	
Line 2: Total rec	eipts this period (page 3, line 11)	0	A Prior .
Line 3: Subtotal	(line 1 plus line 2)	1562.05	SSO <sub>2</sub> A
Line 4: Total exp	penditures this period (page 5, line	1562.75	
Line 5: Ending E	Balance (line 3 minus line 4)	0	
Line 6: Total in-	kind contributions this period (page	ge 6) O	
Line 7: Total (all	) outstanding liabilities (page 7)	0	
Line 8: Name of	bank(s) used: Citizens F	Bank_	
activity, including all contributions, loans, re finance activity of all persons acting under the Signed under the penalties of perjury:	juding attached schedules and it is, to the best sceipts, expenditures, disbursements, in-kind can authorist or on behalf of this committee in a support of the committee in the schedules.	ontributions and flabilities for this reporting accordance with the requirements of M.G.  (Treasurer's signatu	L. c. 55.
FOR CANDIDATE FILINGS ON	ILY: Affidavit of Candidate: (check 1 box	r only)	
activity, of all persons acting under the incurred any liabilities nor made any ex	fincluding attached schedules and it is, to the authority or on behalf of this committee in acc penditures on my behalf during this reporting	period.	nd complete statement of all campaign finance c. 55. I have not received any contributions,
I certify that I have examined this report	andidate with independent activity filing set t including attached schedules and it is, to the loans, receipts, expenditures, disbursements, acting under the authority or on behalf of this	in-kind contributions and liabilities for the	ements of M.G.L. c. 55.
1.0 <b>5 1</b>	Garia Avista	(Candidate's signate	ure) Date: 22 Jan 2013

#### 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)	
			The second of th	
			i see	
ne 9: Total Receipts	s over \$50 (or listed above)	0		
ne 10: Total Receipt	s \$50 and under* (not listed above)	0		
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	0	Enter on page 1, line 2	

### **SCHEDULE A: RECEIPTS (continued)**

		Name and Residential Address Occupa (alphabetical listing required) Amount (for contribu	
·			
	•		
ine 9: Total Receip	ts over \$50 (or listed above)	0	
ine 10: Total Receip	ots \$50 and under* (not listed above)	0	
	ECEIPTS IN THE PERIOD	_ O	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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/15/2012	Committee to Elect Greer Swiston	P.O. Box 1 Newson, ma 02465	Fogive to Close Acof to State Camp.	\$1562.75
				ALCO ST
		Line 12: Total Expenditures ov	er \$50 (or listed above)	\$1562.75
	Line 13: Total Expenditures \$50 and under* (not listed above)			0
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			\$1562.75

<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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	<u>                                     </u>	Line 12: Expenditures over \$5	0 (or listed above)	0
		Line 13: Expenditures \$50 and under* (not listed above)		0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			0	

<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. Page 5

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

<sup>\*</sup> 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
· ·	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0