

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ile with: ity or Town Clerk or Election Commission				1/22/2013
			2013	
Reporting Period - Beginning: 1/1/2012	Ending:	12/31/2012	J≅ 2	ORD ORD
Type of report: Year-end		ON, MA	2	35 E
Jonathan Yeo	Committ	cee to Elect J	onath	an Yeo
Full Name of Candidate School Committee		Committee Nam Anna King	CT.	<u> </u>
Office Sought/ District 275 Lowell Ave. Newton, MA 02460 Residential Address	Nam	e of Committee Ti 17 Leighton R Newton, MA 02 Committee Addre	10ad 1466	T .
SUMMARY BALANC	E INFORM	ATION		
Ending Balance from previous rep			32.16	
Total receipts this period:			30.00	
Subtotal:		\$1,68	32.16	
Total expenditures this period:		•	\$0.00	
Ending Balance:			32.16	
			\$0.00	
Total inkind contributions this	period:		00.00	
Total outstanding liabilities: Name of bank(s) used: Vil	.lage Bank	\$2,00	30.00	
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance expenditures, disbursements, inkind contributions and liabilit finance activity of all persons acting under the authority or requirements of M.G.L. c. 55.	activity includi: ies for this repo	ng all contributions orting period and re	s, loans epresent	s, receipts, ts the campaign
Signed under the penalties of perjuty:				
Treasurer's signature (in ink)			1/6	22/13 bate
Affidavit of Candidate (check 1 box only): Candidate with Committee and no activity independent of certify that I have examined this report, and attached sched true and complete statement of all campaign finance activity, this committee in accordance with the requirements of M.G.L. cany liabilities nor made any expenditures on my behalf during	ules and it is, of all persons a . 55. I have not	to the best of my k cting under the aut received any contr	hority (or on penali of
Candidate without Committee OR candidate with indep I certify that I have examined this report and attached schedu a true and complete statement of all campaign finance activity disbursements, inkind contributions and liabilities for this r finance activity of all persons acting under the authority or requirements of M.G.L. c. 55.	pendent activit les and it is, t including contr	y filing separate o the best of my kn ibutions, loans, re and represents the	owledge ceipts, campaig	and belief, expenditures, n
Signed under the penalties of perjury:	•			

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.

Date	Name and Residential Address	Amount	Occupation and Employer
	nized Receipts semized Receipts sipts	\$0.00 \$0.00 \$0.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Na	me and Address	Amount	Purpose
Total Itemized Total Unitemiz Total Expendit	ed Expenditures	\$0.00 \$0.00 \$0.00	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Item	nized Inkind Contributions	\$0.00	÷
Total Unit	emized Inkind Contributions	\$0.00	:
Total Inki	nd Contributions	\$0.00	•

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
8/29/2011	Yeo (Loan), Jonathan 275 Lowell Ave Newton, MA 02459	\$2,000.00	Loan from candidate
Total Outst	anding Liabilities	\$2,000.00	

Federal Truth-In-Lending Disclosure Statement

ender. Lendmark Mortgage orrower(s): Mitchell S King Doretta A King				WITMENT TO	
Doretta A King	e Corporatio		: 0826960436		Date: 08/01/2012
		Property Addi	ess: 18 Brooks Cir		
Initial Disclosure		☐ Final Disc	Hebron, NH 0	3241	
			203016		
NNUAL	FINAN	CE	Amount Fina	nced	Total of Payments
PERCENTAGE RATE	CHAR	GE	1		
he cost of your credit as a early rate.	The dollar	ar amount the credit you.	The amount of credit provided to you or on your behalf.		The amount you will have paid after you have made all payments as scheduled.
E		E		E	E
2.923 %		58,353.19	 \$ 2	46,850.64	\$ 305,203.83
2.525 %	\$	36,333.13]4	40,030.04	303,200.00
NTEREST RATE AND PA	YMENT S		- 101,1 10 mg - 11 mag -		
				Rate	& Monthly Payment
nterest Rate					<u>2.990</u> %
Principal + Interest Paymer	nt				\$ <u>1,695.58</u>
X Est. Taxes + Insurance					
☐ Includes Private Mortga	age Insura				\$280.55
☐ Includes Mortgage Inst	urance				4.070.40
Total Est. Monthly P	ayment				\$ <u>1,976.13</u>
separately. Security: You are giving security. The goods or property being THERE IS NO GUARANTEE T Filing or Recording Fees: \$ Late Charge: If a payment is more prepayment: If you pay off your	purchased. THAT YOU V	days late, you will be cha	IANCE TO LOWER		
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may X will not hat may X will not be may X will	es the follow Flood Insurance from any, the cost will g your house: oo conditions, or additional insurance from any, and the cost will	it disability insurance and it disability insurance and it disability insurance and it want credit life insurance. I want credit life insurance. I want credit life and disability insurance: I want credit life and disability insurance: I want credit life and disability insurance: I want credit life and disability insurance insurance: I want credit life and disability insurance insurance insurance insurance from Lend I want of assume the information regarding nonportation in the information of the insurance	e not required to contraince. In ance Credit plable to the Lendinsurance statemer er, you will pay \$ the remainder of you arayment, default, an ance statemer er and the remainder of you arayment, default, and the contraince statemer er and the contraince statemer er, you will pay \$ the remainder of you arayment, default, and the contraince statement end to be a statement end to the contraince statement end to	Signature: Signature: Signature: Life Insurance er. If you desire p t furnished by the fo ar loan on the orig y required repayn	i will not be provided unless you sign
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may X will not hat hat hat hat hat hat hat hat hat ha	es the follow Flood Insure The cost will g your house: To conditions, or additional it ies. complete the sclosures excoveledge(s) re-	it disability insurance and it disability insurance and it disability insurance and it disability insurance. I want credit life insurance: I want credit life and disability insurance insurance insurance insurance from Lend IXI may not assume the information regarding nonparts agreement merely sept late payment disclosurance.	e not required to control of the con	Signature: Signature: Signature: Signature: Life Insurance er. If you desire p at furnished by the fo ar loan on the orig y required repayn ave received the	i will not be provided unless you sign MM! PM! roperty insurance to be obtained through Lender. In a one-year term. Inal terms. Inent in full before the scheduled date and the schedu
may X will not ha ha may X will not ha ha may X will not ha ha ha may X will not ha	e entitled to a ce and cred al cost. emium es the follow Flood Insure in, the cost wil g your house: o conditions, or additional it ies. complete the sclosures excoviledge(s) red if below.	it disability insurance and it disability insurance and it disability insurance and it disability insurance. I want credit life insurance: I want credit life and disability insurance insurance insurance insurance from Lend IXI may not assume the information regarding nonparts agreement merely sept late payment disclosurance.	e not required to control of the con	Signature: Signature: Signature: Signature: Life Insurance er. If you desire p at furnished by the fo ar loan on the orig y required repayn ave received the means at on disclosed above	i will not be provided unless you sign
may	e entitled to a ce and cred al cost. emium es the follow Flood Insure in, the cost wil g your house: o conditions, or additional it ies. complete the sclosures excoviledge(s) red if below.	it disability insurance an Signature I want credit life insurance. I want credit life insurance. I want credit life and disability insurance: I want credit life and disability insurance: I credit Insurance: I credit Insurance insurance insurance insurance insurance insurance from Lend I may not assume to information regarding morphis agreement merely sept late payment disclosured	e not required to control of the con	Signature: Signature: Signature: Signature: Life Insurance er. If you desire p at furnished by the fo ar loan on the orig y required repayn ave received the means at on disclosed above	I will not be provided unless you sign

Pay Bills

Payment Confirmation

You've paid the following bills. If you want to keep any additional information on file with the bill, click the Note link.

You've paid the following bills. If you want to keep any additional information on it						
	Biller Name	AccountA	mount	Pay Date	Confirmation	
	Citi Cards CITI MasterCard *64915	*57762	\$556.43	05/01/2012	DK8HN-R0NXF	,
	Metrocast Cablevision *04776	*57762	\$55.25	05/03/2012	DK8HN-R2G2W	7
	National Grid *17670	*57762	\$142.78	05/01/2012	DK8HN-R30DC	,
	Public Service of New Hampshire *7-3-6	*57762	\$61.25	05/01/2012	DK8HN-R3FKV	7
	Verizon Newton Telephone	*57762	\$450.59	05/21/2012	DK8HN-R3WJ9)

Newton Telephone

*50018

This payment will be applied to the bill due on 5/21/2012, Amount Due: \$450.59.

*57762 \$6.26 05/01/2012 DK8HN-R4QJ6

Webster Bank *38034

Total: \$1,272.56

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