

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

Sth day preceding preliminary		after election	
Candidate Full Name (if applicable)		Committee Name]	30 A
Office Sought and District	<u> </u>	Name of Committee Tracurer	<u> </u>
	3	4 Kurkishau Ru C	2460
Residential Address	Telephone	Number (optional):	
	ALANCE INFOI	RMATION:	
Line 1: Ending Balance from previous r		2486,42	
Line 2: Total receipts this period (page		1,80	
Line 3: Subtotal (line 1 plus line 2)		2488.22	
Line 4: Total expenditures this period (p	page 5, line 14)	300 —	
Line 5: Ending Balance (line 3 minus line 5)	ne 4)	2188.22	
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:	Mage Ba	uk	
lavit of Committee Treasurer: Lify that I have examined this report including attached schedules and it ity, including all contributions; loans, receipts, expenditures, disbursem are activity of all persons acting under the authority or on behalf of this ed under the penalties of perjury:	ents, in-kind contributions	and liabilities for this reporting period and repre	of all campaign finance sents the campaign
R CANDIDATE FILINGS ONLY: Affidavit of Candidate	:: (check 1 box only) mittee	nowledge and belief, a true and complete staten	

SCHEDULE AS 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 committees 200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, point 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)
190		The second second	
77			Description of the Control of the Co
7,416S			
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
Line 9: Total Receip	ots: over \$50 ((or listed above)		
Line 10: Total Recei	pts \$50 and under (mot listed above)	1,80	
	ECEIPTS IN THE PERIOD	M 80	Enterion page II, line 2

^{*}If you have itemized receipts of \$50 and i 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)
	The second secon	71	
	Superesson & The Control of the Cont		
The second secon			
19.00 p. 10.00 p. 10.			
art			
13.00			
	sipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	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 BY EXPENDIMURES

M.G.L. c. 55 requires committees to list, in alphabetical order, alliespenditures 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

from committee records, and reported online 13.

(A "Schedule B: Expenditures" attachment is available to complete point 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)	nittee name and a page number on Address	Purposesof Expenditure;	Amount
5/4/LOIL	CTE RUTH & Brillier		contribution	100,
6/29	CTE Greg Schwartz		contribution	l. S
9/18	CTE Jonathan Yea		contribution	100.
\$ 100 miles				
			And the second s	Commence of the commence of th
		Line 12: Total Expenditures ove Line 13: Total Expenditures 850		300
*If you have item	Enter on page 1. line 4 →	Line 14s TOTALEXTENDIT		306

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				8.00 (1.00 (1.00)
			196	
L Control of the cont	JI	Line 12: Expenditures over \$5	0 (or listed above)	4.82
		Line 13: Expenditures \$50 and	under* (not listed above)	
Line 13: Expenditures \$50 and under* (not listed above) Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have demized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not item				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemiz 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 committeels records and included in the #16 on page #1

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Principles of the second of th	
		A STORAGE TO STORAGE THE STORA	The second superior	
**************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4 ** * *	Paradomical Company			Andrews in the state of
		April 10 Company Compa		
		Line 15: In Kind Contributions	L	
*If an inskind cont	Enter om page II, line 6 →	Line 16: In=Kind Contributions § Line 17: TOTALIN=KIND: CO		

^{*} 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.

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.

Date Incurred	To Whom Due	Address	Purpose	Amount
	18			
	2 (a)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> 1860 - 19 - 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u>			
Lange of the state				
A.S. (A. 1904, 190)	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	