

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	BOARD OF ELECTION File Commission Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Pare: JAN 21/2/3/4:017
Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election	NEWTON, MASS 30 day after election year-end report dissolution
CHERYL LAPPIN Candidate Full Name (if applicable) WARD & SLDERHAM	CONSTITUTE TO ELECT CHEIOL LAPPIN Committee Name RICHARD WESNAW
Office Sought and District 6 DORGAR ICD. CHERNUT WILL, MA Residential Address	Name of Committee Treasurer 41 6 060 NOVGU RD CUESTNOT HILL, MA DLY67 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	876.49
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)	876.49
Line 4: Total expenditures this period (page 5, lin	ne 14) 5.00
Line 5: Ending Balance (line 3 minus line 4)	871.49
Line 6: Total in-kind contributions this period (p	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: CITIZEN	S BANK
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 finance activity of all persons acting under the authority or on behalf of this committee is	contributions and figurities for this reporting period and represents the samples
Signed under the penalties of perjury:	(Treasurer's signature) Date:
activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting the committee in th	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period. separate report the best of my knowledge and belief, a true and complete statement of all campaign and into the contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: [13,001/2]



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	Ending Date:
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)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address Telephone Number (optional):	Committee Mailing Address Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	ne'r t
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line	14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pag	ge 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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box 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 bactivity, of all persons acting under the authority or on behalf of this committee in accurate any liabilities nor made any expenditures on my behalf during this reporting process.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date:

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)
Line 9: Total Receip	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD ecceipts of \$50 and under, include them in line		← 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)
	¥		
			Ty.
í.			
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		0 1: 10 1	ld 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 an expend		nittee name and a page number on	l cach page.)	
	To Whom Paid	4.42	Dumage of Francista	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
12/11	CITTLENS BANK		Cee	5-
-				
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		5 -

^{*} 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 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				- 51
				1.
,		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

^{*} 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 \$		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	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.

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
		+		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	Page 7



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

e with: ty or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning 10 21 11 Ending 12 3 18 2 120
Type of report: (Check one) Sth day preceding preliminary 8th day preceding election 30 day after election vear-end port Udissolution
Marc Laredo Full Name of Candidate (if applicable) Board of Atdorman ward 7 Office Sought and District St. Chilmore Rd. Residential Address Vewton, WA 07458 Tel. No. (optional) Committee & Condidate (applicable) Committee Name Matt Hells Name of Committee Treasurer J5 Hebart Rd. Committee Mailing Address Newton Centre, MA 617-630-9863 O7459 Tel. No. (optional)
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 Unlage Bank
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) 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 Signed under the penalties of perjury: Candidate signature in ink) Date

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

Date leceived		ne and Residential Address chabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
	1				
	- U				
	100				
			-		
	*				
	-	*			
ine 9:	Total receipt	s in excess of \$50 (or listed above)			
Line 10:	Total receipt	s \$50 and under* (not listed above)	1	34	
Line 11:	TOTAL RE	CEIPTS IN THE PERIOD	1	34	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	Amo	unt
12/29/11	Marc Lavedo	31 Philmore Rd Newton, MA-C7458	Reimbursement for website expenses including renewal	67	83
	+	4			
		-			
	· · · · · · · · · · · · · · · · · · ·	California de Calabra			
,		,		,	
		Line 12: I	Expenditures over \$50	67	85
		Line 13: I	Expenditures \$50 and under*	-	

^{*}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 3

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	Value
*				
				,
		Line 15:	In-kind over \$50	-
		Line 16:	In-kind \$50 and under	-
	Enter on page 1, line 6	Line 17:	Total In-kind	-

^{*} 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
	* 1			
E	Enter on page 1, line 7	Line 18: OUTSTANDING I	JABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number Page 4 on each page.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: 10/21/2011 Ending Date: 12/31/2011
Till ill Reporting I cried dates. Beginning Date. 10/2/1/2011 Sharing Date.
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution
Sur day processing pro
SCOTT F. LENNON Candidate Full Name (if applicable) Committee to Elect Scott F Jessen Committee Name = 38
Office Sought and District Authory F. Genteless Name of Committee Tressurer
Residential Address Residential Address Residential Address Residential Address Residential Address Residential Address
Telephone Number (optional): Telephone Number (optional): Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 19.998 71
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4) 18,648.71
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: The VIIIA 9e BANK
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: Date: ///4//2
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee Capdidate with Committee and no activity independent of the committee and no activity independent
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's signature) Date: 1/14/12

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)
F :			
1	100 100		
8	9		
	s over \$50 (or listed above)		The section of the se
	ts \$50 and under* (not listed above)		the state of the section of the section of
	CEIPTS IN THE PERIOD	10	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)
* .			
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	ing 0. Line 10 sho	← Enter on page 1, line 2 uld 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.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
11/4/11	J. BARRY BOYS & GIVIS CLUB	New Tan MA 02460	DOWNTIONS	350.00	
ולרלוו	Cousins Against CANCER	1585 Grent PinW Ave Needhaan MA 02492	Advertisement	250.00	
11/6/11	ST MACY of CHRMEN SOCIETY	234 AJAMS ST Newson MA 02460	Ad Book	250.00	
וו/ר/יו	HISTORIC NEWTON	527 WAShiver 57 Newson MA 02458	Sponsorship	500.00	
- 4				10 No. 10	
		Line 12: Total Expenditures ove	r \$50 (or listed above)	1350.00	
Line 13: Total Expenditures \$50 and under* (not listed above)					
		Line 14: TOTAL EXPENDITU		1350.00	

^{*} 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)

-	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				,
				1.12
		Line 12: Expenditures over \$5	50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1. line 4 -	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 14: TOTAL EXPENDITURES IN THE PERIOD				

^{*} 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 →	6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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
			1	
				1
-			· ·	
		Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

Commonwealth of Massachusetts

File with:

City or Town Clerk or Election Commission

2012 JAN 23 A 8: 59

NEWTON, MASS

	·			
Reporting Period Beginning	10/22/2011	Ending:	12/31/2011	
Type of report: Year-end				
Stephen I	insky		Community	to Elect Stephen Linsky
Full Name of C	Candidate	-	(Committee Name
Ward Alderm	an/Ward 2		ű	John Martin
Office Sought	/ District		Name o	f Committee Treasurer
9 Simpson Terrace, N	ewton, MA 02460		12 Simpson	Terrase Newton, MA 02460
Residential 2	Address		Comm	ittee Mailing Address
	SUMMARY	BALANCE	INFORMATIC	N
Line 1: End	ing balance from	previous repor	t:	\$3,275.41
Line 2: Tota	al receipts this pe	riod (Schedule .	A)	\$0.82
Line 3: Sub	total (line 1 plus l	line 2)	·	\$3,276.23
Line 4: Tota	al expenditures th	nis period (Sche	dule B)	\$0.00
Line 5: End	ing balance (line	3 minus line 4)		\$3,276.23
Line 6: Tota	l in-kind contribut	ions this period ((Schedule C)	\$0.00
	l (all) outstanding		•	\$750.00
Line 8: Nam	e of bank(s) used	Village	Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including including all contributions, loans and receipts, exof all persons acting under the authority or on be	openditures, disbursements, i	n-kind contributions and li	abilities for this reporting period	
_	Sig	gned under the penalti	es of perjury:	
Im H. Waits				20 JAN 2012
Treasurer's signature (in ink)		;		Date
Affidavit of Candidate (cheek 1 box of Candidate with Committee an note I certify that I have examined this report campaign finance activity, of all person have not received any contributions, income	activity independent of t, and attached schedules s acting under the author	and it is, to the best of fity or on behalf of this	committee in accordance w	ith the requirements of M.G.L. c. 55. I
Candidate without committee OR				porting period.
I certify that I have examined this report campaign finance activity, including coperiod and represents athe campaign finance activity.	t, and attached schedules intributions, loans, receip nance activity of all perso	and it is, to the best of ts, expenditures, disbu	f my knowledge and belief, a reements, in-kind contribution thority or on behalf of this contribution	ons and liabilities for this reporting
20.01	Lia.	-		20 January 201)
Candidate's signature (in ink)				Date Date

isky

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 '	Name and Residential Address	Amount	Purpose
		\$0.00	
		•	
•	Line 12: Expenditures over \$50	\$0.00	
	Line 13: Expenditures \$50 and under	\$0.00	
	Line 14: Total Expenditures in the period	\$0.00	

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. 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 and Employer
		\$0.00	•
Lii	ne 15: Total in-kind listed above	\$0.00	
Lit	ne 16: Total in-kind not listed above	\$0.00	
Li	ne 17: Total in-kind in the period	\$0.00	

Schedule ED: Assets Disposed

Date Disposed

Asset description

Disposed To:

/alue Manner Disposed

\$0.00

Total Assets listed above

\$0.00

Schedule EA: Assets Acquired

Date Acquired Asset description & location Amount Manner Acquired

\$0.00

Total Assets listed above \$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 Incurr	red To Whom Due	Amount	Purpose
7/28/2001	Stephen Linsky 9 Simpson Terrace Newton, MA 02460	\$500.00	campaign loan
8/4/2001	Stephen Linsky 9 Simpson Terrace Newton, MA 02460	\$250.00	campaign oan
	Line 18: Outstanding liabilites (ALL)	\$750.00	

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
		\$0.00	
Line 9: Total Receipts in excess of \$50 or listed above		\$0.00	
Line 10: Total Receipts \$50 and under		\$0.82	
Line 11: Total Receipts in the period		\$0.82	