

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

2011 OCT 27 P 3 21
File with: City or Toyyn Clerk or Election Commission

	ling preliminary X 8th day preceding election	Sterman Committee
<u>Ja net</u>	Candidate Full Name (if applicable)	Committee Name
Alderma	N Word L At Large Office Sought and District	Name of Committee Treasurer
11 peh	rnch St #3, Newton Corner Residential Address \$2457	11-33 Commonweath Ave. Committee Mailing Address (Newton
:lephone Number (o	optional): 617-413-1323	Telephone Number (optional): 614-969-5184
	SUMMARY BALAN	CE INFORMATION:
T	ine 1: Ending Balance from previous report	
I	ine 2: Total receipts this period (page 3, line 1	(1) 57¢
I	.ine 3: Subtotal (line 1 plus line 2)	574
1	ine 4: Total expenditures this period (page 5, 1	line 14)
I	.ine 5: Ending Balance (line 3 minus line 4)	579
	ine 6: Total in-kind contributions this period ((page 6)
I	Line 7: Total (all) outstanding liabilities (page	7) [
	Line 8: Name of bank(s) used:	Bank, Aubrand de MA

termen

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 2000 or more in a calendar year.

[A "Schedule A.: Receipts" attachment is available to complete, print and attach to this reports if additional pages are required to

report all receipts. Please include your committee name and a page number on each pa

152 G	Name and Residential Address (alphabetica) Histing required)	Amonni	Occupation & Employer (for contributions of \$200 or more)
4/2/11	Sou Che-trit-Sty Waban		220 ozoodi more)
4/12/11	Gody, Elizabeth 5789 Chestnutst, Walgan		
20/8/11	Young Sande 18 Karen Rd, Waban		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
19/19/11	Yours, Larry La Karen Pd; Watan	2560	Sorf= employed
		1732	
Property Control			
e de la companya de	A STATE OF THE STA		
Line 9: Total Receip	ts over \$50 (or listed above):	556	
Line 10: Total Receig	ots \$50 and under ((not listed above)	26	
Line 11: TOTAL R	ECEIPTS IN THE BERIOD	574	Enter on page 1 line 2.

If you have itemized receipts of \$50 and under include them in line 9. Bine 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)
opubology grant grant 2			
	<u> </u>		
control			
	Set of the second secon		
Line 9: Total Rece	ipts over \$50 (or listed above)		Same as page 2
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	570	Enter on page 1, line 2 d include only those receipts not itemized above.

Page 3

SCHEDULE BE EXPENDENCES

M.G.L.c. 55 requires committees to list invalphabetical 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, 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	ottures: Please include your com To Whom Paid (alphabetical listing)	Address	Sale Programme and the sale of	Amount
S There is a second of the sec				
		Secret 1		
	- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			
	19.7			
	37 mg/s			Services
	And the second second			
		STORY OF THE STORY		
1.02.22.5				
e e e e e e e e e e e e e e e e e e e		ine 12: Total Expenditures ov ine 13: Total Expenditures \$50	CONTROL DE LA CONTROL DE L	***************************************
If you have itemize		ine 14s TOTALICA PENDIN	IRESINTEUR DARKOR	

Those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				1
- 100				
	<u> </u>			
e e e e e e e e e e e e e e e e e e e				
		Line 12: Expenditures over \$5		
		Line 13: Expenditures \$50 and Line 14: TOTAL EXPENDIT		

^{*} 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: WINEKIND CONTRIBUTIONS

Please itemize contributors who have made inclaind contributions of more than \$50. Inclaid contributions:\$50 and under may be added together from the committees records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
1				
				Li est
			Basel Do General Control	
			BACK COME	
		Propagation and the second		F C C PRO V 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	The same of the sa			
			Section 1998 (1998) 1998 (1998	
5				
			A Chart	March Salver
3070			TRACTION SECTION SECTI	
	Company Company			
		Line 15s In-Kind Contributions	Wer \$50 (65) listed obeyed	
		Eine 16: In-Kind Contributions S	L	
	Enter on pagest line 6 →	Line 17: TOTAL INHMIND CO	NERIBUTIONS	A

^{*} 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
e				
	Cortical Control Contr			
	Process			
W. 1985				
27.0				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	Ø

/ Page 7

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
10/12/2011	Cody, Alan 584 Chestnut St Waban, MA 02468	\$100.00	
10/12/2011	Cody, Elizabeth 584 Chestnut St Waban, MA 02168	\$100.00	
10/10/2011	Young, Larry 18 Karen Rd. Waban, MA 02468	\$250.00	self employed self employed
10/8/2011	Young, Sande 18 Karen Rd. Waban, MA 02468	\$100.00	
	zed Receipts emized Receipts Lpts	\$550.00 \$0.00 \$550.00	

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.

Da	te Name and Address	Amount Purpose
Total	Itemized Expenditures Unitemized Expenditures 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	Val		Description Occupation/Employer
Total Unit	ized Inkind Contributions emized Inkind Contributions nd Contributions	\$	0.00 0.00 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

Total Outstanding Liabilities

\$0.00