

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

1	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 2/2	25/23 Ending Date: 4/13/23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
VILLE FOR ALLEMAN	Vote Yes For Neton
Candidate Full Name (if applicable)	Committee Namc
Office Sought and District	Name of Committee Treasurer
	16 Manchester Rd, Neton, MA 02461
Residential Address  E-mail:	E-mail: LS Dectes Queel, com
Phone # (optional):	Phone # (optional): 6 17 - 756 - 5556
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	24,310.20
Line 2: Total receipts this period (page 3, line 11)	4,700.00
Line 3: Subtotal (line 1 plus line 2)	29,010.20
Line 4: Total expenditures this period (page 5, lin	ne 14) 26, 208 78
Line 5: Ending Balance (line 3 minus line 4)	2,801.42
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Le Village Denk
	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:   13 2 3   ox only)  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,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

Date Received	Donor First Name	Donor Last Name	Donor Address Line 1	Donor City	Donor State	Donor ZIP	Amount	Donor Occupation	Employer
2/26/2023	Chavah	Goldman	11 Jerome Ave	Newton	MA	2465	\$100.00	Administrator	
2/27/2023	Amy		60 Charlemont Street	Newton	MA	2461	\$100.00	Curriculum Writer	
2/27/2023	Kay		18 St. Mary's Street	Newton	MA	2462	\$250.00	State Representative	\$250.00 State Representative State of Massachusetts
2/28/2023	Richard		73 Grove Street	Auburndale	MA	2466	\$150.00	Not Employed	
2/28/2023	Jeffrey		45 old Colony Road	Newton	MA	2467	\$100.00	Attorney	
3/1/2023	Elena		74 Braeland Ave	Newton Center	MA	2459	\$50.00	Not Employed	
3/1/2023	Marion		32 LOCKSLEY RD	Newton Centre	MA	2459	\$50.00	Not Employed	
3/2/2023	Kristin		130 Beethoven Ave	Waban	MA	2468	\$100.00	Not Employed	
3/2/2023	Dennis		65 Stuart Road	Newton Center	MA	2459	\$500.00	Developer	NBV
3/3/2023	Barrie		28 Talbot St	WEST NEWTON	MA	02465-1659	\$50.00	Realtor	
3/5/2023	Elizabeth		14 Trowbridge Street	Newton	MA	2459	\$100.00	Not employed	
3/6/2023	Robert	Larner	68 Myrtle Street	Newton	MA	2465	\$500.00	Not Employed	Retired
3/7/2023	David	Bronstein	20 Park Place Newton	Newtonville	MA	2460	\$25.00	SVP	
3/8/2023	Weatherly	Emans	239 Chestnut St	West Newton	MA	2465	\$100.00	Not Employed	
3/8/2023	Marcia	Johnson	845 Washington St Unit 435	Newton	MA	2460	\$100.00	Not Employed	
3/9/2023	Barbara	Allaire	26 Lowell Ave	Newtonville	MA	2460	\$50.00	Not Employed	-
3/11/2023	Ed	Dailey	67 Maplewood Avenue	Newton	MA	2459	\$250.00	lawyer	Sunstein LLP
3/11/2023	Ann	Buxbaum	202 Bellevue Street Newton	Newton	MA	2458	\$100.00	Not Employed	
3/15/2023	Andreae	Downs	854 Chestnut	Newton	MA	2468	\$25.00	director	
3/2/2023	Ruthanne	Fuller	163 Suffolk Rd, Chestnut Hill, I	MA 02457			\$500.00	Mayor	City of Newton
3/2/2023	Joseph	Fuller	164 Suffolk Rd, Chestnut Hill, I	MA 02457			\$500.00	Professor	Harvard Business Schools
3/9/2023	Ruthanne	Fuller	163 Suffolk Rd, Chestnut Hill, I	MA 02457			\$500.00	Mayor	City of Newton
3/9/2023	Joseph	Fuller	164 Suffolk Rd, Chestnut Hill, I	MA 02457			\$500.00	Professor	Harvard Business Schools

TOTAL: \$4,700.00

### 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.

(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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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		N. Company	
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		## Pro-	
ine 9: Total Recei	pts over \$50 (or listed above)	The state of the s	
10. T. / 1 B			
ne 10: 1 otal Kece	ipts \$50 and under* (not listed above)		
no 11: TOTAL D	RECEIPTS IN THE PERIOD		
ne II. IUIAL N	ECERTS IN THE FERIOD		← Enter on page 1, line 2

<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.)

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TO A TO O H	To Whom Paid	4.17	D 0E 114	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/25-		PO BOX 441146	Donor Software	
4/13/23	ActBlue	Somerville, MA OZILIY	Fee-S	106.69
1121-2		DONER VINE, NIT O ZICICI		
3/13/23	Constants	1601 Tropelo Kd	Eneil Service	
0113/65	Contect	*	Provider	111.56
		Welthen, MA 02451	tresides	
3/1/23	Feargal	65 Myrtlest	Digital Als	
	II ~ I	II . U	8	4,500:
4/5/23	O'Table	Somerville, MA 02145		13 33
3/. 103	Cestle Point	312 Showart Are	5 2023 (5ch-Mer)	
1	C216 1014()	#3	Consulting Services	91,000
4/5/23		#3 Baston, MA 02118		
		130 John St #55		
4151231	Phil Geoffroy		III 1 X2 Sich De Millare I	675
		Lovell, MA 01852		,
, ,	4 2 1			
415/00	Carr Morketing	131 Hoveyonb Ct	Text end call	(528.8
10163		Encinites, CA 92024	Marketing	
,				
3/1/23	Connolly	178 G/11 St	2nd run of H2/m	685.31
/1723	Printing	Noburn, MA 01801	Card Printing	000:31
0.1				
14/2011	Connelly	17B GIN St	2nd run of	19 101 11
2/28/23	Panting	Noburn, MA 01801	Marter Ponting	4,601,4
		:		
,			The state of the s	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	) and under* (not listed above)	
		T · 44 POPAT PROPERTY	TIDESC TRI SETTE SETTE CO.	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	UKES IN THE PERIOD	26,208.

<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 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 $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	NA

<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
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	·			
		·		
	Enter on nage 1 line 7 →	Line 18: TOTAL OUTSTANI	OING LIARH ITIES (ALL)	MA

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