

Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

City or Town of:	tchburg	***********	Day Year
	Please prin	t or type all information, except signature	is.
Fill in dates: Reporting Period Beginnin	Month Day	Year Month /O Ending / 2	Day Year 7
Type of Report: (Check C	One)	10 M	
8th day preceding preliminary/primary	8th day preceding	g election	ction
I certify that I have reporting period, an	candidate for or hold Mu	tions, made any expenditures, or incurred fund in existence.	d any obligations during this
	SIGNATURE the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/14/1 Pety V	! Stophens	490 Pew 1 H, 1/R &	School Committee
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S	200		September 1997



Form CPF M 102: Campaign Finance Report

Municipal Form ·
Office of Campaign and Political Finance

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ile with: ity or Town Clerk or Election Commission	
Please print or type all in	formation, except signatures.
Fill in dates: Reporting Period Beginning 12 31	Ending 12 3/
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	ion □30 day after election
Feter V. Steph en S Full Name of Candidate (if applicable) School Comm. It tee	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used Affidavit of Committee Treasurer:	eriod (page 3, line 14) s line 4) this period (page 4) lities (page 4) s, to the best of my knowledge and belief, a true and complete statement of all campaign argements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf. Candidate without Committee OR Candidate with independent activity of the contributions attached schedules and it is	s, to the best of my knowledge and belief, a true and complete statement of an campaign committee in accordance with the requirements of M.G.L. c. 55. I have not received any furing this reporting period. s, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the f of this committee in accordance with the requirements of M.G.L. c. 55.

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

.....ber on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
· ·					
		•			
			-		
Line 9:	Total receipts in excess of \$50 (or listed above)))		
Line 10:	Total receipts \$50 and under* (not listed above)	Ç			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	1 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 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 Pur	pose of Expenditure	Amount
•				
·			·	
		·		
		Line 12: Exp	enditures over \$50	
	Enter on page 1, line 4		enditures \$50 and under* TAL EXPENDITURES	

^{*}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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		76		-
			In-kind over \$50	
_		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	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.

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
	•		
		TO OVERTANDING LIABILITIES (ALL)	0
j	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	<u></u>

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

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