

Candidate signature (in ink)

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

mmonwealth Massachusetts	FILCHRONG CITA CLERK
e with: ty or Town Clerk or Election Commission Please print or type all infor	mation, except signatures. 2017 FEB - I AMII: 45
Fill in dates:  Reporting Period Beginning \( \sum_{\text{con}}^{\text{Month}} \)  Date Year \( \text{Year} \)	10 Ending Jan Date 2017
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	□30 day after election Nyear-end report □dissolution
Full Name of Candidate (if applicable)	Committee Name
Ward 1 City Council Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prev Line 2: Total receipts this period ( Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus li Line 6: Total in-kind contributions to the first term of the line 8: Name of bank(s) used \( \int \)	page 2, line 11)  \$
o a said the land dies all contributions longs receipts expendit	is, to the best of my knowledge and belief, a true and complete statement of all tures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of perjury:
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONI	<u>LY:</u> (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on be have not received any contributions, incurred any liabilities nor made any expectant activity. I cartify 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 an ehalf of this committee in accordance with the requirements of M.G.L. c. 55. I emilitures on my behalf during this reporting period.  y filing separate report  is, to the best of my knowledge and belief, a true and complete statement of all ires, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of

## 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

umber on ea  Date  Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)	
		· 1			
Line 9:	Total receipts in excess of \$50 (or listed above)				
	Total receipts \$50 and under* (not listed above)				
	TOTAL RECEIPTS IN THE PERIOD			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.

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## 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

Date Paid	To Whom Paid	Address	Purpose of Expenditure	法法国法律 化二氯化二氯化二氯
<del></del>	(alphabetical listing)			
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<u> </u>				
			대화를 가득한 회학자는 생활	
				*
			T . 10	
V.	Line 12: Expenditures over \$50		2: Expenditures over 500	
		Line 1	3; Expenditures \$50 and under	*
	Enter on page 1, line 4		4:TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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.

Date From Wh Received	om Received*	Residential Address	Description of Contribution	Value
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
Enter on pag	ge 1, line 6	Line 17:	Total In-kind	

<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.

### 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
8-1-13	Helly Johnson	168 Charles St Fitchburg, MA	lawn signs	243.90
	J			
2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		5		
L	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	243.90

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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