

Form CPF M 102: Campaign Finance Report Municipal Form FITCHBURG CITY CLERK

Office of Campaign and Political Finance

2017 OCT 30 PM 3: 31

Fill in Reporting Period dates: Beginning Date: Town Ay 1201 Finding Date: October 30, 2017
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
CAGNI MAG VY - STEWAL COMMITTEE TO GLECT Candidate Full Name (if applicable) Committee Name Committee Name
WARD 2A & COUNCIL CHENL STEWART Office Sought and District Name of Committee Treasurer
81 LEGNOS ST. TIMOTHY STEWANT Residential Address Committee Mailing Address
E-mail: Communee Mailing Address E-mail:
Phone # (optional): 978) 345-4442 Phone # (optional): 774 279-9346
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
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) # 1,139.
Line 5: Ending Balance (line 3 minus line 4)
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: WORKENS CRESIT UNION
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 of on behalf of this contributions with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Date: 10 29 17
FOR CANDIDATE FILINGS ONLY: Affidavir 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 M.G.L. c. 55.
Signed under the penalties of perjury:(Candidate's signature)

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 Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
8/5/17	RENE BLANGHERE	\$ 100	
6/24/17	CAMPAIN KICKOFF	\$ 5.35	TICKETS & DONATIONS
	PARTY		
5/11/17	LOCAL 509 SEIV UNION	\$500-	293 POST ND MARLBORD MA. 01752
Line 9: Total Receip	ots over \$50 (or listed above)	600-	
Line 10: Total Recei	pts \$50 and under* (not listed above)	5-35	
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2 I 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)
1		,	
Line 9: Total Receipt	ts over \$50 (or listed above)		.:
Line 10: Total Receip	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	0. Li. 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.

(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.)

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	
6/2417	POST 429	DANIELS	HALL NEVIAL		
0/24/7	PALK HILL PIZZA	PLAZA	PARTY EXPERS	1/20	
6/20/17	SENTIAL ENTENPAISO	MAIN STREET	ADO IN PAREN	\$/120	
6/20/17	MISC. PARTL SUPPCLES	STAPLES	Printers Flyens		
	DEONATIONS DECONATIONS	STAPCE S LEOMINS TO	+ DECO 2 4710		
	PRINTO D MATOLIAL			\$66.37	
8/15/17	VISTA	MEDSITE ON CINE	Poormacs	49.11	
6/23/17	FOOD PARTY	BASEGT	MISC. FOOD DESENTL FOT	94.00	
5/20/17	AMAZON COM	INTERNET	INK FORPLINES	44.52	

Line 12: Total Expenditures over \$50 (or listed above)				1090.37	
Line 13: Total Expenditures \$50 and under* (not listed above)				9363	
Enter on page 1, line 4 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 include them.					

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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	Total Control			
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			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Line 12: Expenditures over \$50 (or listed above)			
	Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on more 1 line 4 ->			
Enter on page 1, line 4 -> 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.

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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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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	n /8	W/()		
	100			- unknown with a second
100			1	1
7	70			
			[all of the control o	
	Parameters and the second seco			
				The state of the s
				:
- strong		Line 15. In Kind Contailer	Over \$50 (on lists data at a large)	
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed about				The state of the s
Enter on page 1, line 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.

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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
	N/A			
111				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

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