

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

Massachusetts					*
ile with: ity or Town Clerk or Election Commissi	ion Please print o	r type all informatio	n, except signatu	res.	
Fill in dates: Reporting Period Beginning	Month Date	Year 2010	Ending	onth Date 26	20/b
Type of report: (Check one) ☐ 8th day preceding preliminal		eding election 3	0 day after electi	on □year-end re	port dissolution
MICHAEL A. Full Name of Candid	date (if applicable)	R -	Con	nmittee Name	
Office Sought 47 WALNUT	and District		Name of C	Committee Treasure	r
Residential	I Address Tel. No. (o)	otional)	Committ	ee Mailing Address	el. No. (optional)
Line 2: Tot Line 3: Sub Line 4: Tot Line 5: End Line 6: Tota Line 7: Tota	ding balance for all receipts this potal (line 1 plus cal expenditure ding balance (land in-kind contract (all) outstanding balance of bank(s) unport including attached sall contributions, loans, reactivity of all persons activity activity of all persons activity activity of all persons activity activity activity activity activity activity activity activity activi	s period (page 2 line 2) es this period ine 3 minus line 4) ributions this pling liabilities sed	report (, line 11) (page 3, line 14) period (page 4) (page 4) e best of my knowled bursements, in-kind or on behalf of thi	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	lities for this reporting period
Treasurer's signature (in ink)	<u> </u>		·	Date	<u> </u>
<u>FO</u>	R CANDIDATE FI	LINGS ONLY: (CA	ANDIDATE MUST	SIGN BELOW)	
Affidavit of Candidate: (check 1 b Candidate with Committee and I certify that I have examined this re campaign finance activity, of all pe have not received any contributions, Candidate without Committee C I certify that I have examined this re campaign finance activity, including and represents the campaign finance M.G.L. c. 35. Candidate signature (in ink)	no activity independent eport including attached sersons acting under the autineurred any liabilities no DR Candidate with independent including attached secontributions, loans, receasivity of all persons activity activity of all persons activity activity of all persons activity activity activity activity of all persons activity activ	schedules and it is, to the athority or on behalf of or made any expenditures pendent activity filing s achedules and it is, to the eipts, expenditures, disb	this committee in ac on my behalf during eparate report be best of my knowle ursements, in-kind c or on behalf of this	cordance with the request this reporting period. dge and belief, a true a contributions and liability committee in accordance.	airements of M.G.L. c. 55. I and complete statement of all ities for this reporting period

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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amou	nt	Occupation & Employer (for contributions of \$200 or more)
			-	
	•			
			-	
	•			
			_	
Line 9:	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11: '	TOTAL RECEIPTS IN THE PERIOD			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	Purpose of Expenditure	Amount
	·			
		Line 12:	Expenditures over \$50	
. '		Line 13:	Expenditures \$50 and under*	
E	Enter on page 1, line 4	Line 14:	TOTAL 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
			Contribution	
				
	·			
T				
.			•	
				•
-		Line 15:	In-kind over \$50	
Enter on page 1, line 6		Line 16: In-kind \$50 and under		· · · · · ·
			Fotal In-kind	

^{*} 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
· · ·	·			
	· · · · · · · · · · · · · · · · · · ·			į
Ent	ter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	

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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