

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

Commonwealth if Massachusetts	
File with: City or Town Clerk or Election Commission Please print or type all in	nformation, except signatures.
Fill in dates: Reporting Period Beginning 3 26 1	Year Ending 5 ONE 0 1 (
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	on 530 day after election year-end report dissolution
Full Name of Candidate (if applicable) Selectman - M. delebonough Office Sought and District 35. Foncit ST Residential Address Mediciono MA Tel. No. (optional)	Committee Name Com. to Elact Allia Fraulty Name of Committee Treasurer landing Fraulty Committee Mailing Address Same Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pro 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 liab Line 8: Name of bank(s) used	\$\frac{1\(\text{90}\)}{\\$}\$ \$1\(\text{
campaign finance activity, including all contributions, loans, receipts, expen	it is, to the best of my knowledge and belief, a true and complete statement of all inditures, disbursements, in-kind contributions and liabilities for this reporting period e authority or on behalf of this committee in accordance with the requirements of sof perjury: 5/01/11
FOR CANDIDATE FILINGS OF	NLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any example. Candidate without Committee OR Candidate with independent activity certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expending	it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I spenditures on my behalf during this reporting period. ity filing separate report it is, to the best of my knowledge and belief, a true and complete statement of all itures, disbursements, in-kind contributions and liabilities for this reporting period e 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

Date Received	•		unt	Occupation & Employer (for contributions of \$200 or more)		
3/28	Alling Traveloy	200				
3/28	loanpine Fraulty	200				
3/29	RICH young	200	-			
5/20	MANK Belangon	ಶಿಂಲ				
3/20	linida Fraulty	900				
3/20	•	180		·		
3/20	LOUNTHOND SOON ANONU	180				
				**-		
			-			
Line 9:	Total receipts in excess of \$50 (or listed above)	_ :	·			
Line 10:	Total receipts \$50 and under* (not listed above)					
Line 11: TOTAL RECEIPTS IN THE PERIOD		1180	-	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
3/30	U.S. Postoffice	MAIN ST M. bono	57A072	880 -
3/30	CM Printing	thousand wa	POST CARds	324 -
				_
		:		
		·		
				:
		Line 12:	Expenditures over \$50	
			Expenditures \$50 and under*	
I	Enter on page 1, line 4		TOTAL EXPENDITURES	1104 -

^{*}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
,				
•				
		T :- 16	T. 1. 4 #50	
			In-kind over \$50 In-kind \$50 and under	-
	Enter on page 1, line 6	Line 17:	Total 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
			· · · · · · · · · · · · · · · · · · ·	
.]	Enter on page 1, line 7	Line 18: OUTSTANDING	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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