

Candidate signature (in ink

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

d Massachusetts	2015 JAN 26 A 11: 59
File with: City or Town Clerk or Election Commission	2015 JAN 28 A 11
Please print or type all	information, except signatures.
Fill in dates: Reporting Period Beginning Date Ze	Year Month Date Year Year Year 2014
Type of report: (Check one)	
□8th day preceding preliminary □8th day preceding elec	tion 30 day after election year-end report dissolution
Full Name of Candidate (if applicable)	AUGN FIFETION COMMITTEE Committee Name JOHN ALLEAN
15 Office Sought and District	Name of Committee Treasurer
SALEM NA 01970	Sommittee Mailing Address MA 01970
978-744 6453 Tel. No. (optional)	978 744 6453 Tel. No. (optional)
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 liabi Line 8: Name of bank(s) used	(page 2, line 11) \$
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbur campaign finance activity of all persons acting under the authority or on behalf of Signed under the persons acting un	
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this co- contributions, incurred any liabilities nor made any expenditures on my behalf di Candidate without Committee OR Candidate with independent activity 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 ministee in accordance with the requirements of M.G.L. c. 55. I have not received any uring this reporting period. filling separate report to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the f 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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)		ount	Occupation & Employer (for contributions of \$200 or more)
				/
				1
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			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.

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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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
		,			
	3				
		Line 12: I	Expenditures over \$50	4	1
			Expenditures \$50 and under*	1	/
En	ter on page 1, line 4		TOTAL EXPENDITURES	1	

^{*}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
			£ .	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	d
	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
1999	MICAKEL ALLIAN CANDIDATE	Sprend, MA 01970	LOAN FROM	16,500.00
2003	1/	1/	//	2994,54
2007	1/	//	//	5000,00
2009	V/	1	li	4000.00
ς.	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	28,494,59

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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