

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form
Office of Campaign and Political Finance File with: City or Town Clerk or Election Commission

City or Town Clerk or Election Commission  Please print or type all information, except signatures.
Fill in dates:  Reporting Period Beginning  Month  Date  Year  Ending  Date  Year  And Date  Year  Part  Par
Type of report: (Check one)  ☑8th day preceding preliminary ☐8th day preceding election ☐30 day after election ☐year-end report ☐dissolution
Matthew J. Traser  Full Name of Candidate (if applicable)  Concillor at-Lage  Office Sought and District  St. Unit 2016  Residential Address  Salem, Ma. 01970  Tel. No. (optional)  Matthew France for City Concil  Committee Name  Crace Humphrey  Name of Committee Treasurer  120 Put near Loft ## 44  Committee Mailing Address  Dancers, Ma.  Tel. No. (optional)
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used  Subtotal (page 4)  Subtotal (line 1 plus line 2)  Subtotal (line 1 plus line 2)  Subtotal (page 3, line 14)  Subtotal (page 4)  Subto
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 or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  Treasurer's signature (in ink)  Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit 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 filling 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:

Date

## 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 Name and Residential Address Amount Occupation & Employer Received (alphabetical listing required) (for contributions of \$200 or more) Robert B. Frasor retired 90 allowale St. J.P. Mass 02130 500 00 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 500 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 (alphabetical listing) Salem Post Office	Address	Purpose of Expenditure Stamps	Amount	
				290	07
8/31	Usstagesat	vistuprint com	Stamps Postcords (1000)	173	00
				***************************************	
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					***************************************
		Line 12: Expenditures over \$50			TOTAL DESIGNATION OF THE PARTY
	Line 13: Expenditures \$50 and under*			**************************************	
En	nter on page 1, line 4	Line 14:T	OTAL EXPENDITURES	463 6	0 (

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