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

| of Massac | husetts | | | | | | |
|----------------|---|----------------|---|--------------------------------------|-----------------------------------|--------------------------|------------|
| Fill in | Reporting Period dates: Beginning Date: 9 | 1/20 | 17 Ending | File with: City Date: 1 | | Tk or Elect | |
| | 123 | | | | 120 | 1 | <u>r</u> / |
| Type o | f Report: (Check one) | | | | | | |
| ☐ 8th c | lay preceding preliminary 8th day preceding election | ☐ 30 d | ay after election | year-e | end report | dis | solution |
| - | 1 6 1 116 6 | 7 | 11. | a • | | | |
| JV | stin S. Wh. Her | Co | milleeto | | TOUE | nh | mitte |
| wa | Candidate Full Name (if applicable) | 106 | la. 0 w | Committee I | Name | | |
| | Office Sough, and District | UN | -1 | ne of Committe | | | |
| 10 1 | River St Jalem MA 01970 | 3 | River St | Sal | en m | 401° | 970 |
| E-mail: | ssselmere gmallom | E-mail: | Cvon br & | ommittee Mailir | 1 | | |
| Phone # (or | 4 | 1 1 2 | (optional): 978 | (| 1.10m | - | |
| | | FHORE # | (optional): 7 (8 | 145 5 | 512 | | |
| | SUMMARY BALANC | 'E INEC | PMATION: | | I | | |
| | | E INIC | 1 | _ | | _ | |
| | Line 1: Ending Balance from previous report | | 1365 | 9.27 | ! | | |
| | Line 2: Total receipts this period (page 3, line 11) | | C | <u> </u> | | 1 | |
| | | | | | | Į. | |
| | Line 3: Subtotal (line 1 plus line 2) | | 3650 | 7.27 | - | | |
| | Line 4: Total expenditures this period (page 5, line | e 14) | | 2 | | 1 | |
| | | | 4 | | |] | |
| | Line 5: Ending Balance (line 3 minus line 4) | | 1365 | 9.27 | | | |
| | Line 6: Total in-kind contributions this period (pag | ;e 6) | -0 | | | | |
| | Line 7: Total (all) outstanding liabilities (page 7) | -0- | | | | | |
| | Line 8: Name of bank(s) used: Eastern | ronle | | | | | |
| ffidavit of C | Committee Treasurer: | | | | | | |
| certify that I | have examined this report including attached schedules and it is, to the best of | f my knowle | dge and belief, a true a | nd complete sta | tement of all c | ampaign fi | inance |
| nance activity | ling all contributions, loans, receipts, expenditures, disbursements, in-kind con y of all persons acting under the authority or on behalf of this committee in ac | cordance wi | ad liabilities for this rep th the requirements of l | porting period a M.G.L. c. 55. | nd represents | the campai | ign |
| igned under | the penalties of perjury: | | (Treasurer's sig | nature) | Date: 10 | 20 | 17 |
| OR CANI | DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of | only) | | | | / | 1 |
| activity, of | e with Committee and no activity independent of the committee at I have examined this report including attached schedules and it is, to the be f all persons acting under the authority or on behalf of this committee in accor- ny liabilities nor made any expenditures on my behalf during this reporting per- | dance with t | wledge and belief, a to he requirements of M.C | ue and complete G.L. c. 55. I hav | e statement of we not received | all campai dany contr | gn finance |
| Candidate | without Committee OR Candidate with independent activity filing separ | ate report | | | | | |
| - nnance acti | 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 | | | | | gn | |
| campaign f | inance activity of all persons acting under the authority or on behalf of this co | phinittee in a | ccordance with the req | uirements of M | I.G.L. c. 55. | 13 1 | |
| med under th | he penalties of perjury: | _ | (Candidate's sign | nature) | Date: 10 | 10 | 17 |

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.)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) | | |
|-------------------------|--|--------|--|--|--|
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| | | | | | |
| Line 9: Total Receipts | over \$50 (or listed above) | | | | |
| Line 10: Total Receipts | s \$50 and under* (not listed above) | | | | |
| Line 11: TOTAL REC | CEIPTS IN THE PERIOD | - O- f | 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 (continued)

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

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 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | value |
|---------------|---------------------------|------------------------------------|------------------------------|-------|
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| | | Line 15: In-Kind Contributions o | ver \$50 (or listed above) | |
| | | Line 16: In-Kind Contributions \$5 | 0 & under (not listed above) | |
| | Enter on page 1, line 6 g | Line 17: TOTAL IN-KIND COM | TRIBUTIONS | -0- |

^{*} 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 |
|--|-------------|---------|---------|--------|
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| Enter on page 1, line 7 g Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | |

, No.