

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

File with: 7015 IAN II A 9: ID	_
City or Town Clerk or Election Commission  Please print or type all information, except signatures.	
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Fill in dates: Month Date Year Month Date Year	
Reporting Period Beginning / / 2014 Ending /2 31 2014	
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding election □30 day after election ☑year-end report □dissolution	on
CEL: EMIL DA IL I. P. I. P.	_
Elaine P 11410 Committee to Elect Elaine Milo	
Full Name of Candidate (if applicable)  Committee Name	
Councillor at Large William Craig	
Office Sought and District  Name of Committee Treasurer	
Residential Address  Committee Mailing Address	
Residential Address Committee Mailing Address	
Tel. No. (optional)	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending balance from previous report \$ 10 36.10	
Line 2: Total receipts this period (page 2, line 11)	
Line 3: Subtotal (line 1 plus line 2) \$ \$	
T' ATT A	
Line 5: Ending balance (line 3 minus line 4) \$ 306. 10	
Line 6: Total in-kind contributions this period (page 4) \$	
Line 7: Total (all) outstanding liabilities (page 4) \$ 62/3.89	
Line 8: Name of bank(s) used <u>Fastern Bank</u>	
	_
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 campaig 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:	n ie
115/15	
Treasurer's signature (in ink)  Date	
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	<u>ر</u>
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 filing 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:	
Candidate signature (in ink)	
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 Received	Name and Residential Address (alphabetical listing required)	Amo	ount	Occupation & Employer (for contributions of \$200 or more)
	0			
				×
				:
				100 F W
			٠	
Line 9: 7	Total receipts in excess of \$50 (or listed above)			
Line 10: 7	Total receipts \$50 and under* (not listed above)			
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD			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 number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
7/31/14	Eastern Bunk	1 Eastern Place	Inactivity Fee	5	OC
8/31/10	y u	Lynn, MA	((		
9/30/1	ý a	d	И		
10/31/	4	Л	V		
11/30/	4	п	1		
12/31/10	1	a	//	11	
1/23/14	Mussachusetts		Vote builder	700	-
emoind	Mussachusetts tic Party	Boston MA UZII	Note builder o software		
8 20	-				
		Line 12: Ex	penditures over \$50	780	
_			penditures \$50 and under*	2	- in
Ente	er on page 1, line 4		TAL EXPENDITURES	730 -	_

<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.

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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
	0			
=				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> 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
	See attac	hed		
	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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Schedue D: Liabilities

\$ 6,213.89						Com Constanting
\$ 1,459.88 \$ 277.00	01970 Signs 01970 Postage	MA	Salem Salem	3 Dodge St 2 Margin St	USPS	10/25/2013 Elaine Milo
\$ 700.00	ozi io supcription	Š	DOSCOIL	of the second	Deschamps Printing	11/1/00/20 [[]
	Voter database		Doctor	77 Summer St	Voter File Access	9/5/2013 Elaine Milo
46.57	01970 Office Supplies	M S	Salem	17 Paradise Rd	Stapes	8/30/2013 Elaine Milo
	01970 bumper stickers Thank you cards and	\$ \$	Salem	3 Dodge St	Stapes	8/18/2013 Etaine Milo
	Stickers, yard signs,				Deschamps Printing	0/43/00/20
\$ 567.38	01970 cards	N N	Salem	3 Dodge St 50 Traders Way	Co., Inc. Home Depot	8/2/2013 Elaine Milo 8/10/2013 Elaine Milo
	01907 Stamps	MA	Swampscott	owanipscon planch	Deschamps Printing	
\$ 1,236.75	01970 Campaign Literature	MA	Salem	3 Dodge St	Co., Inc.	7/30/2013 Elaine Milo 8/1/2013 Elaine Milo
	01970 Office Supplies	MA	Salem		Stapes	7/28/2013 Elaine Milo
\$ 329.81	01970 printer cartridges 01960 Thank you postcards	Z Z	Salem	17 Paradise Rd Wallis Street Station	Stapes USPS	7/19/2013 Elaine Milo 7/25/2013 Elaine Milo
\$ 153.00	01970 PO Box Rental	MA	Salem	203 Washington St	OPS Store	William Figure Millo
	01915 Printing Services	140		The state of the s		