

Form CPF M 102: Campaign Finance Report

Municipal Form
Omce of Campaign and Political Finance

e with:				2011	ICT 31 P 3:	58
y or Town Clerk or Election Commission Pleas	se nrint or tun	e all information	evcent cian	aterea		
1 reac	Sc print or typ	C an information	i, except sign	10.44	COK CALEM !	4466
Fill in dates: Month	Date	Year	U	Month	Date Date	Year
Reporting Period Beginning 9		201(Ending	10	31	2011
Type of report: (Check one) ☐8th day preceding preliminary ☐8th	day precedin	g election 3	0 day after el	ection	☐year-end repo	ort
Told A Siegel		_ (OM	Mitter +	o et	cet todel	d Siegel
Full Name of Candidate (if appl					ee Name	
Word 3 City Councila		_	Julia	a L	ebell	
Office Sought and District	t		Name of	Commi	ttee Treasurer	
28 Brittenia livele Sale	M	_ _ 2	Botton	a C	rele 1Sal	enua
Residential Address			Commi	ittee Ma	iling Address	
978-740-0003						
Te	el. No. (options	al)			Tel. No	. (optional)
CIL	MMADV D	ALANCE IN	FORMAT	ION.		
<u> </u>				IOIV:	100004	
Line 1: Ending bala		-		3	100.01	_
Line 2: Total receip			line 11)	\$	650.00	Workington
Line 3: Subtotal (line	e 1 plus line 2	?)		\$	561.16	
Line 4: Total expen	ditures th	nis period (p	age 3, line 14) \$	1319 51	6
Line 5: Ending bala		-	0 ,	\$	(758,40	7
				Ψ,	C 10 01 V	''
Line 6: Total in-kind	contributi	ions this per	iod (page 4)	\$		
Line 7: Total (all) ou		_		\$	**************************************	
Line 8: Name of bank	_				······································	
Line 8. Name of bank	K(s) useu_	EHSP	IN DAN	<u> </u>)
Affidavit of Committee Treasurer: I certify that I have examined this report including att.	ached schedules a	and it is to the best o	f mv. knowledge a	nd belief	a true and complete of	tatement of all campaign
finance activity, including all contributions, foans, rece	eipts, expenditures	s, disbursements, in-k	ind contributions	and liabil	ities for this reporting	period and represents the
campaign finance activity of all persons acting under the		behalf of this comm		e with the	requirements of M.G.I	L. c. 55.
	And the second s				10/31/1	4
Treasurer's signature (in ink)			1			

FOR CANDIDA	<u>ATE FILIN</u>	NGS ONLY:	(CANDIDATE M	MUST SIG	GN BELOW)	
Affidavit of Candidate: (check 1 box only)						
Candidate with Committee and no activity inde	pendent of the co	ommittee				
I certify that I have examined this report including atta finance activity, of all persons acting under the author	ached schedules a rity or on behalf of	nd it is, to the best of	my knowledge as	nd belief, :	a true and complete sta	atement of all campaign
contributions, incurred any liabilities nor made any exp	penditures on my	behalf during this rep	orting period.	crequiren	KING O. WI.O.E. C. 33.	Thave not received any
☐ Candidate without Committee OR Candidate will certify that I have examined this report including atta	ith independent : ached schedules a:	activity filing separa nd it is to the best of	ite report my knowledge se	ad baliaf	terra and complete etc.	stamont of all commission
finance activity, including contributions, loans, receipt	ts, expenditures, o	disbursements, in-kin	d contributions ar	d liabiliti	es for this reporting of	eriod and represents the
campaign finance activity of all persons acting under the	he authority or on	behalf of this commi penalties of perjury	ttee in accordance	with the	requirements of M.G.I	a c. 55.
Candidate signature (in ink)	-b miller tile	promines of perjury	•		12/2/12	
Candidate signature (in ink)	and the same of th				10/31/11	
S., manufacture (iii iik)					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 Received (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more)
9/xki	Dualeculous Manhey			
lohelii	Lori Applemen Sylem, MA Lova Goodman Marbiehed, Ma Michele Knex Sulen Ma Sulen Ma	100		
9/13/11	Lava Goodman Marblahed, Ma	100		
10/11/16	Michele Knet 32 coverdash were Michele Knet Suley MA Told Siege 28 Bittania Circle Silen	100		
	Toll Stege 28 Bittana Circle Ster	360		
	*			
20.714 C				
Line 9:	Total receipts in excess of \$50 (or listed above)	600	00	
Line 10:	Total receipts \$50 and under* (not listed above)	50	U)	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	650	υU	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	Amount	
94 W/17	Deschaps painting Deschaps Painting	3 Dodgest. Salan NA 01976	Palmlards	460	0
10/24	Descharge Parting	I Dodge St. Sglen MA-01978	drop Mailnes	823	44

		Line 12: E	Expenditures over \$50	1293	570
			Expenditures \$50 and under*	36	06
E	nter on page 1, line 4		TOTAL EXPENDITURES	13 19	<u></u>

^{*}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	
	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	
, yan, angalanga ayang penggapan angan di dana dan mandira Arida at Referencia					
	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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