

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

nssachu	setts	File with: City or Town Clerk or Election Commission			
Fill in R	eporting Period dates: Beginning Date:	Ending Date: 12/31/11			
Type of	Report: (Check one)				
8th da	y preceding preliminary 🔲 8th day preceding election	30 day after election year-end report dissolution			
-///	1/	7			
776	Candidate Full Name (if applicable)	- NOME			
		Committee Name			
	Office Sought and District	Name of Committee Tressurer			
(7 7	Riverside D.	The of Community Incastici			
	Residential Address	Committee Mailing Address			
Telephone N	(umber (optional)	Telephone Number (optional).			
L					
	SUMMARY BALANC	CE INFORMATION:			
	Line 1: Ending Balance from previous report	0			
	Line 2: Total receipts this period (page 3, line 11)	483			
	Line 3: Subtotal (line 1 plus line 2)	483			
27	Line 4: Total expenditures this period (page 5, line	ine 14) 4 8 3			
	Line 5: Ending Balance (line 3 minus line 4)	0			
	Line 6: Total in-kind contributions this period (page	age 6) O			
	Line 7: Total (all) outstanding liabilities (page 7)				
	Line 8: Name of bank(s) used:				
	Committee Treasurer:				
	have examined this report including attached schedules and it is, to the best of ding all contributions, loans, receipts, expenditures, disbursements, in-kind co y of all persons acting under the authority or on behalf of this committee in a	st of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign			
	the penalties of perjury:	(Treasurer's signature) Date:			
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	ox only)			
activity, o	te with Committee and no activity independent of the committee hat I have examined this report including attached schedules and it is, in the b of all persons acting under the authority or on behalf of this committee in account any liabilities nor made any expenditures on my behalf during this reporting p	te best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. \$5. I have not received any contributions, ig period.			
finance ac	finance activity of all persons assing under the authority or on behalf of this	te best of my knowledge and belief, a true and complete statement of all campaign is, in-kind contributions and liabilities for this reporting period and represents the associated in accordance with the requirements of M.G.L. c. 55.			
Signed under	the penalties of periury:	Dote: 1/1 st/15			



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.)

Name and Residential Address Occupation & Employer Date Received (alphabetical listing required) Amount (for contributions of \$200 or more) Prejident Wager Tr-potton Line 9: Total Receipts over \$50 (or listed above) ine 10: Total Receipts \$50 and under* (not listed above)

← 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.

ine 11: TOTAL RECEIPTS IN THE PERIOD

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1 8	
Line 9: Total Receip	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD * If you have itemized receipts of \$50 and under, include them in line 9. Line 10 shoul			← 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

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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on e

	To Whom Paid	mmittee name and a page number o	n each page.)	es me tedalle
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	
(U/27	Paraduc Capie,		Protection tous	Amount Y83
		Line 12: Total Expenditures over \$	550 (or listed above)	483
		Line 13: Total Expenditures \$50 an	id under* (not listed above)	-
	Enter on page I, line 4 →	Line 14: TOTAL EXPENDITUR	ES IN THE PURIOR	183

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				lg.
,				
= 4700019.0 (
		Line 12: Expenditures over \$5	50 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on the 1 Store 4 or	Line 14: TOTAL EXPENDI		

^{*} 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 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

eqte Incurred	To Whom Due	Address	Purpose	Amount
		(8) (1-1-		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	Page 7

Page 7

(including CPF ID#) and not the name of the individual PAGE FOUR: who signed or presented the check. PACs must be registered under M.G.L. c. 55 to contribute to SCHEDULE C (IN-KIND CONTRIBUTIONS) Massachusetts candidates. (Registered PACs and their (1) The committee must report contributors who have CPF ID numbers are available from OCPF.)

- or other organizations must be disclosed under the description of what was contributed. addresses of its principal officers.
- (7) Contributions must be reported as of the date employer of the contributor is also required. received, not the date they were deposited.
- Individual contributions made non-incorporated businesses should be reported as an and incidental expenses in rendering a personal service. individual "doing business as," i.e. John Smith D/B/A Smith's Market. Committees should verify, prior to SCHEDULE D (LIABILITIES) accepting such contributions, that such business is not (1) Schedule D is a cumulative schedule of ALL debts incorporated.
- (9) Schedule A must reflect all receipts of money (a) Any unpaid bills that the committee has on hand. during the reporting period including refunds from . vendors or others and interest earnings.

PAGE THREE:

SCHEDULE B (EXPENDITURES)

- (1) The report must itemize, alphabetically, all These are totaled on line 12. Expenditures of \$50 or the letter of forgiveness should be filed with the report. less should be totaled from the committee's records. and disclosed in the aggregate line 13. Lines 12 and 13 should be aggregated, and the total shown on line 14. REPORTS Total expenditures (line 14) should be carried forward All computer generated report formats must be to page one, line 4.
- for expenditures made on behalf of the committee, an itemization of reimbursements, form R 1, must be If you have any questions, or require further completed to disclose the name, address, purpose and information, please call your election commission, city amount for each expenditure made on the committee's or town clerk, or the Office of Campaign and Political behalf.
- (3) The stated purpose of each expenditure listed should convey detailed information about the political 9/99 purpose of the expenditure.
- (4) Schedule B must reflect all payments made by the committee including bank service charges and contributions to other committees, even if returned.
- (5) If the committee holds a credit card, it must file form CPF M9 and copies of the credit card statements disclosing committee credit card activity. (NB. The credit card number is not required) If reimbursing an individual for charges made on a personal credit card, make payment to the individual and file form R 1 itemizing the reimbursement.

- contributed things of value (in-kind contributions) that (6)-Contributions from trusts, foundations, associations exceed \$50 by indicating their name, address and a organization's name along with the names and contributions of \$50 or less are aggregated on line 20. If the contribution is \$200 or more, the occupation and
 - (2) Things of value that are NOT included as in-kind through contributions are personal services, ordinary hospitality

- as of the last day of the reporting period. It includes:
- (b) All obligations for goods or services that have been provided to the committee that remain unpaid at the time of the report.
- (c) All outstanding loans from a candidate or others.
- (2) Debts should be carried from one report to the next unless such debt has been paid or forgiven during the reporting period. If debt is forgiven, it should be listed expenditures of more than \$50 for the reporting period. as an in-kind contribution on Schedule C and a copy of

FORMAT FOR COMPUTER GENERATED

approved by the local election official prior to (2) For individuals who are reimbursed more than S50 submission (other than OCPF's reporting software).

Finance.



Schedule E Municipal Form

Disclosure of Assets Statement Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission CPF ID# This form should be filed by all candidates and committees with each year end and each dissolution report. Marc Ugraer _____ Date of report: 1/20/16 All candidates and committees must fill in Part A or Part B. Part A: No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement. Part B: Assets acquired List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets. Date Asset Present Location Manner Acquired Cost/Value Include year, model or other identifying Acquired information, if applicable. Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement. Asset Date Disposition to: Date and Manner Disposition Value Include year, model or other identifying Acquired Attach statement of how Name and Address of Disposition information, if applicable. value is determined. Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution *An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition. Signed under the penalties of perjury: Signed under the penalties of perjury; Candidate signature Treasurer signature Date Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period. 9/96 0

JAN 2 0 2016



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on

Date of Reimbursement:					
Name of Individua	l Being Reimbursed:				
Committee Name:					
CPF ID Number (i	f applicable):	Telephone N	lumber (optional):		
	ITEMIZ	ZE EXPENDITURES IN EXCESS	S OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
2					
			4,55		
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of s	\$50 (itemized above):		
		Line 2: Expenditures \$50 or under	(not itemized):		
		Line 3: TOTAL AMOUNT REI	MBURSED:		
Signed under the	penalties of perjury:	St			
	Man	Waren	Date: 1	120/16	
	Signature of Candid		Date: ()	100/10	
	Planes promote a secondo		January Co.		

Please prepare a separate report for each reimbursement check issued by the committee.

