

Form CPF M 102: Campaign Finance Report Municipal Form Municipal Formal Office of Campaign and Political Finance 15 OCT 28 AHT 26

Fill in Reporting Period dates:	eginning Date:	1/2015	Ending Date:	h_City or Town Clerk of	Election Commission
Type of Report: (Check one)				- Air	
8th day preceding preliminary	lay preceding election [30 day afte	er election	year-end report	dissolution
It/best of Jerminie	lo IR	Com	1 to Efer	et	
Candidate Full Name (if applica	ble)		Con	mittee Name	
School Commi	ttee	Jen	iter less	miello	4
Office Sought and District			Name of C	ommittee Treasurer	1
21 FARRIN FIRE		2/5	KILLN M	E Kort	eu Ma
Residential Address			Committe	e Mailing Address	
Telephone Number (optional): 791-344	1-7430	Telephone Nur	mber (optional):	1-244-74	230
SU	MMARY BALANCI	E INFORM	IATION:		
Line 1: Ending Balance fro	m previous report	- Constitution of the Cons		0-	•
Line 2: Total receipts this p	period (page 3, line 11)		24	73,00	
Line 3: Subtotal (line 1 plu	s line 2)		247	13.00	
Line 4: Total expenditures	this period (page 5, line	14)	23	18.00	
Line 5: Ending Balance (lin	ne 3 minus line 4)		15	5.00	-
Line 6: Total in-kind contri	butions this period (pag	ge 6)	C.)	
Line 7: Total (all) outstand	ing liabilities (page 7)		B 3040	9-03	10,711.93
Line 8: Name of bank(s) us	sed: CITIZE	NS B	mk		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached activity, including all contributions, loans, receipts, expending activity of all persons acting under the authority or Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affida	hitures, disbursements, in-kind co on behalf of his committee in ac vit of Candidate: (check 1 box	ontributions and I	iabilities for this reporti	ng period and represents .L. c. 55.	campaign finance the campaign
Candidate with Committee and no activity independent of activity that I have examined this report including attained activity, of all persons acting under the authority or or incurred any liabilities nor made any expenditures on	ached schedules and it is, to the be behalf of this committee in accomy behalf during this reporting p	ordance with the period.	edge and belief, a true a requirements of M.G.L.	and complete statement of c. 55. I have not receive	fall campaign finance ed any contributions.
Candidate without Committee OR Candidate with Locality that I have examined this report including atter finance activity, including contributions, loans, receip campaign finance activity of all persons acting under the	ached schedules and it is, to the b ts, expenditures, disbursements, i	est of my knowle in-kind contribut	ions and liabilities for the	his reporting period and r	all campaign epresents the
Signed under the penalties of perjury:	Henen	Carpon Ca	(Candidate's signat	5	2/16/15-

SCHEDULE AL 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.)

1	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
9/7	Jan Ferra	100 a	
7/7	Toe feita	100.00	
8/15	ATTERM	918.	STOIT UP
9/21	Rapoccia	250.0	Ferrer Selferp
9/21	L. PIGZZA	1000	
9/21	M.Zaccoria	200.00	Contritor
C	RFlort	75.00	
9/20	Teno Melo	100 °N	
Line 9: Total Rece	ipts over \$50 (or listed above)	17.68	9
Line 10: Total Rece	eipts \$50 and under* (not listed above)	708	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	\$2473.00	← Enter on page 1, line 2
If you have itemized	d receipts of \$50 and under, include them in lin	e 9. Line 10 shoul	d include only those receipts not itemized above.

^{*} 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 each page.)

report all expenditures. Please include your committee name and a page number on each page.)					
	To Whom Paid	a		A	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/15	Rovfound	Rene Mg	Rev Tour	200 W	
8/30	MADISAM	Len Ma	B. STICKERS	366 00	
971	Dellaw's	Reng Men	Four Passer	705.00	
198	Cot Denne	Rener Ma	Col. Day	26 00	
		Line 12: Total Expenditures or	ver \$50 (or listed above)	1421.00	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	897.00	
		Line 14: TOTAL EXPENDIT	FURES IN THE PERIOD	p318,000 res not itemized	

^{*} 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 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.

To Whom Due	Address	Purpose	Amount
Al Jeanmidt SR	Cerus Ma	Start P	918.
MADISON Junky	Rever Ma	SIGNS ECT	2072 0
Advocate plans	Georg Ma	A	50 00
OUT SENSING logis			7671.90
	6		
	· `		
	Al Jeanmalt JR MADSON Junky ADVOCATE Mans	Al Jeenmalise Gerse, Ma Moson Justy Reven Ma Advocate News Reven Ma	Al Jeanmolt R Perce, Ma Glest P MADISON Junty Percen Ma Signs ect ADVocate Mans Percen Ma As

Enter on page 1, line 7 \rightarrow Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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