

## Form CPF M 102: Campaign Finance Report

BOARD OF ELECTION COMMISSIONERS

**Municipal Form** Office of Campaign and Political Finance 14 JAN 14 AM 10: 28

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date	e: 10/19/13 Ending Date: 12/37/13
Type of Report: (Check one)	
	election 30 day after election year-end report dissolution
8th day preceding preliminary 8th day preceding	election 50 day after election vear-end report dissolution
TAIL IN XX DAMES 1/2 TO	At At and
17/bett 5 Jecontille 110 216	Small to To Effect
Candidate Full Name (if applicable)	Committee Name
Councille Wars	Barbie Tommerella
Office Sought and District	Name of Committee Treasurer
2/ Catting A/4	21 GASTER 1 A16
Residential Address	Committee Mailing Address
701 2111 2111	701 2011
Telephone Number (optional): 7/7 244 743	Telephone Number (optional): 181 289 7696
SUMMARY	BALANCE INFORMATION:
Line 1: Ending Balance from previous	report \$ \$63.87
Line 2: Total receipts this period (page	3, line 11) 5/2 · 00
Line 3: Subtotal (line 1 plus line 2)	\$ 1075,87
Line 4: Total expenditures this period (	page 5, line 14) B 1010.
Line 5: Ending Balance (line 3 minus li	ine 4) A 65, 87
Line 6: Total in-kind contributions this	period (page 6)
Line 7: Total (all) outstanding liabilitie	s (page 7)
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and i	it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance
activity, including all contributions, loans, receipts, expenditures, disbursen	ments, 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	1 1/1/2
Signed under the penalties of perjury:	emintelle (Treasurer's signature) Date: 1/3/19
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidat	e: (check 1 box only)
Candidate with Committee and no activity independent of the com	nmittee
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 ommittee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent ac	ctivity filing separate report
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
rinance activity, including contributions, loans, receipts, expenditures, campaign finance activity of all persons acting under the authority of the contributions.	disbursements, in-kind contributions and liabilities for this reporting period and represents the on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
At The	
Signed under the penalties of perjury:	(Candidate's signature) 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.

(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.)

report an receipts. P	Please include your committee name and a p	age number on ea	
Name and Residential Address  Date Received (alphabetical listing required) Ar		Amount	Occupation & Employer (for contributions of \$200 or more)
10/13	Matt Maller	100.4	
	-		¥
ine 9: Total Receip	ots over \$50 (or listed above)	100. W	
ine 10: Total Recei	pts \$50 and under* (not listed above)	1 2 20	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	100.00 e	Enter on page 1, line 2

DD. EVDENDITUDES

SCHEDULE B: EXPENDITURES

equires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep ints and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, inittee records, and reported on line 13.

schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

t all expenditures. Please include your committee name and a page number on each page.)

t all expend	litures. Please include your comm	ittee name and a p	age number on	each page.)			
	To Whom Paid			S			
ite Paid	(alphabetical listing)	Addr	ess	Purpose of Expenditure	Amount		
10/2	Josept Shop	Jedec	Ma	GITCarl	56 0		
10/7	A termy	Peren	ı	Trefets	40		
10/1	Chube June	fleuen		faule	100. n		
10/1	Henry fr	house	8 8	Meetry	20-0		
10/8	Attenfo	Janes	(	Tour	12-		
8/01	Cotback	Que		Q days	1200		
10/8	ASC	Reder		Fool	70 ld		
19/10	ANTA	Janes	•	facule	25 a		
10/12	At Jenny	fene		Significals.	30 m		
10/12	A Seit I	Pleaser		Medy	25 10		
10/14	Al Seul D	lym	ž.	Stays	16 0		
difor	Alung	fune		Medyn	350		
				ver \$50 (or listed above)	440.00		
40 88		Line 13: Total Ex	kpenditures \$5	0 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD							
nave iten	have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized						

//3//// 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 an expend	ditures. Please include your comm	ittee hame and a page number of	r each page.)				
Date Paid	To Whom Paid	A ddwgg	Dumass of Evnanditums	Amount			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount			
10/31	At tenny	Jeune	Jather Lon	25-17			
11/4	CH Bunk	ane	Chen	10 N			
11/4	MyR	Luce	Africalles	2500			
11/4	MJR	Que	Meet for O	100. D			
115	AJR	hum	Eletan Dy Sartons	80 W			
11/20	Poul	June	A	150 00			
12/10	Cot Balk	Rene	Chapl	100			
12/10	Proute	Que	AD	150 a			
12/29i3	flows	Renee	Dauts	40. d			
13/8/19	get fregen to	face	Chapage	10. W			
Line 12: Total Expenditures over \$50 (or listed above)							
Line 13: Total Expenditures \$50 and under* (not listed above)							
Enter on page 1, line 4 → 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						

<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 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.

	es mearred during mis reporting			*	
Date Incurred	To Whom Due		Address	Purpose	Amount
10/13	Allem	Cen	) Nece	Starp	412.0
`					
			r .		
	<b>N</b>				di
	Enter on page 1, line 7 →	Line 18	: TOTAL OUTSTANI	DING LIABILITIES (ALL)	14/20

Page 7

## 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.

		53 - 537		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				······································
	2			
				191-11
L		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contribution	ns \$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	1)_
fan in kind contr			calendar year, you must report the na	me and addra

<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. Page 6