

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	
Type of Report: (Check one)	7. 7.1 1.2:
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election  year-end report dissolution
Candidate Full Name (if applicable)  Candidate Full Name (if applicable)  Office Sought and District	Committee Name  Committee Name  Name of Committee Treasurer  John Ale Hotel
Residential Address  Telephone Number (optional):   ### To provide the content of	Telephone Number (optional):
SUMMARY BALANCE	INFORMATION:
Line 7: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page	1/6250
Line 7: Total (all) outstanding liabilities (page 7)	-0
Line 8: Name of bank(s) used:	· Aph.
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cor finance activity of all persons acting under the authority or on behalf of this committee in ac Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of 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 beactivity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting persons acting under the authority of the committee in according to the committee of the commi	cordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:  (Treasurer's signature)  only)  est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions, eriod.
I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this c	n-kind contributions and liabilities for this reporting period and represents the

#### 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
10/25/19	Angron Cogagno	200	25 Vania Are Sayer	
10/2/19	JAMA COGUZAN	200	310 Lineau Ar Says	
4/20/19	Antry W Calino	300	27 Sano Uny Sayo	
10/11/11	Anglo Agganie	100	Musicot for Songer	
10/0/11	Picinal Plury	100	Hary of Jorgs	
10/21/19	BANGARA MERITAN	100	27 Come la Sago	
10/2-/17	JASON Mc Gase	100	Suras A. Says	
10/11/19	Mice Cass	100	Luy has be laye	
10/11/19	Fres Moses	100	26 Gru Wy F.	
10/20/18	Steve Ansera	100	2 Mun /0/21	
10/11/15	Dre Ansan	100	2 Mun to Say	
10/2/19	Just Boun	100	17 Wicher & Sayes	
Line 9: Total Recei	pts over \$50 (or listed above)	1400		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	di i		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

# SCHEDULE A. RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/15/19	Tru Syra	100	- DAMES ld
10/10-/19	John Smoren	200	281 Linous ho Sayes
10/15/9	Russes Ustan	200	4 Lipe So Mumore
10/15/15	My Gran	200	Grospora la Jages
10/11-/15	Join Solica	100	26 Garyone la for
10/11/11	Scorr allers	200	4 Muga fo Squi
4/10/11	May Paolo	100	24 Serior Une Syc
11/2/15	Log Pag	50-	FTUTIO ST Juga
11/2/19	THUREST COLLAND	500-	2) Sounday/AN.
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1			
	14: V>1: MC.		
). E	TOWN CLERK'S OFFICEN OF SAUGUS, MASS	à	
Line 9: Total Rece	igts over \$50 (or listed above)	1700	
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	3510	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.

(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	5 2 - \$10 F CAR			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/30/17	Sockery Signary	124 Man G Suy	Sign	2,127.50	
10/30/11	Mys April 18	Sayes	No	91500	
10/30/1	Tim VEIA	24 Suron ST perso MA	Sign Part	300 00	
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9		10 34 1 9 1 4 1			
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		1 to Va			
, , ,					
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 there is line 12. Line 13. Line 13. Line 14.					

<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.

Page 4

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		- # *		
*				
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		- 445 - 1.M.		
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- Marie Andre Marie				
	-SSAM, SU	JAS 70 NWOT		
	\$2 OFFICE	TOWN CLER TOWN OF SAU		
	L2 : b ∀	LiheN12: Expenditures over \$	50 (or listed above)	
	representation of the second contract of the	Line 13: Expenditures \$50 and	d under* (not listed above)	
	Enter on page 1, line 4→	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	
	nized expenditures of \$50 and under			

<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.

# 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		:		
		C. Glib. Cost		
				I I
		, n = 500		
		Line 15: In-Kind Contributions over \$50 (or listed above)		
	·	Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<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

# 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
		2		
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
		44.		
		N.		
	, , , , , , , , , , , , , , , , , , , ,			
		<b>大湖</b> 野市公司		
		SEAM SUBUAR TO NWOT		
		S:P A FI WAL OSOS		
		BECEINED		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

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