

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission 1-1-19. Ending Date: Beginning Date: Fill in Reporting Period dates: Type of Report: (Check one) 30 day after election year-end report dissolution 8th day preceding preliminary 8th day preceding election Committee Name Candidate Full Name (if applicable) Name of Committee Treasurer enver St. Saugus Residential Address Telephone Number (optional): 787-718-6208Telephone Number (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: 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 activity, including all contributions, loans, receipts, expenditures, disbursements, 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 committee in accordance with the requirements of M. 👯 👵 55. Date: Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee 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 activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee 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 activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. (Candidate's signature) Signed under the penalties of perjury: (

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) Amoun		Occupation & Employer (for contributions of \$200 or more)	
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			RECE WN CLE DWN OF SA	
e 9: Total Receipts	over \$50 (or listed above)		SK, S	
	s \$50 and under* (not listed above)	6	RK'S OFFICE MASS.	
you have itemized rec	CEIPTS IN THE PERIOD	/()/		

SCHEDULE B: EXPENDITURES

M.C.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.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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VERTICAL TOTAL TOT	***************************************		28 ERI SAU	
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<i>f</i>		E. T. C.	Learning to the second	
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 12. Total Expenditures OFF	and under * (not listed above)	
		Line 13: Total Expenditures \$50	and under. (not listed above)	
	Enter on page 1 line $A \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
		include them in line 12. Line 13 sh		

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				Control of the Contro
				,
ontributes more than he name and address	of the contributor; in addition, if the	Line 15: In-Kind Contributions		
ontribution is \$200 c	or more, you must also report the	I ine 16. In Kind Contributions of	500 1 (
2		Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0
M.G.L. c. 55 requires	SCHE	EDULE D: LIABILITIE	S	

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.

during this reporting period.				
Date Incurred	To Whom Due	Address	Purpose	Amount
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	•			
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0