

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	-2019 Ending Date: LAWN 3/ TAPIS OFFICE TOWN OF SAUGUS, MASS.
Type of Report: (Check one)	104M 01 21M-1-2
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election year-end report dissolution
ARTHUR GRAbowsk Candidate Full Name (if applicable)	Committee Name
Sargus Sahool Commettee Office Sought and District	Name of Committee Treasurer
66 DeNURA St. SAUGUS	
Residential Address	Committee Mailing Address
Telephone Number (optional): 781-718-6208	Telephone Number (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: 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	[4]
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	NA
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 con	tributions 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 acc	ordance with the requirements of M.G.L. c. 55,
Signed under the penanties of perjury:	(Treasurer's signature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box o	nly)
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 be activity, of all persons acting under the authority or on behalf of this committee in accommod incurred any liabilities nor made any expenditures on my behalf during this reporting pe	dance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separal I certify that I have examined this report including attached schedules and it is, to the bein finance activity, including contributions, loans, receipts, expenditures; disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	st of my knowledge and belief, a true and complete statement of all campaign -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.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(aiphiabetical fisting required)	Amount	(tor contributions of \$200 or more)	
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ine 9: Total Recei	pts over \$50 (or listed above)			
ne 10: Total Rece	ipts \$50 and under* (not listed above)			
ne 11: TOTAL R	RECEIPTS IN THE PERIOD	AS	← 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.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
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			OF SAUG		
			CENED CLERK'S OFFICE OF SAUGUS, MASS		
		2			
Line 9: Total Rece	sipts over \$50 (or listed above)				
Line 10: Total Rec	eipts \$50 and under* (not listed above)				
Line 11: TOTAL	RECEIPTS IN THE PERIOD	01	Enter on page 1, line 2		

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					
Date Paid	(alphabetical listing)	Address	Dunnaka af Franca dita		
	(aiphabetical listing)	Address	Purpose of Expenditure	Amount	
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	5	Line 12 Total Expenditures over	\$50 (or listed above)		
		Line 13: Total Expenditures \$50 a	and under* (not listed above)		
			and under (not fisted above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	-0	
S 1 14 1	ed expenditures of \$50 and under		L		

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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			OFFICE MASS:	G
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
10	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	0

^{*} 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
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		Line 15: In-Kind Contributions of	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 CO	NTRIBUTIONS	Ø

^{*} 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.

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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.

Date Incurred	To Whom Due	Address	Purpose	Amount
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			MASS.	7
	Enter on page 1, line 7 →	I I I I TOTAL OVERSTAN	DING LIABILITIES (ALL)	