

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massach		File with: City or Town Clerk or Election Commiss.
Fill in F	Reporting Period dates: Beginning Date:	9-14-17 Ending Date: 10-23-17
Type of	Report: (Check one) 23 P 1: 22	
8th da	ay preceding preliminary Sth day preceding election	30 day after election year-end report dissolution
	TOWN OF SAUGUS, MASS.	
//	Candidate Full Name (if applicable)	Committee Name
Tour	12 Meeting President 10	
1000	Office Sought and District	Name of Committee Treasurer
33	Grandview Are	
	Residential Address	Committee Mailing Address
Telephone N	Number (optional):	Telephone Number (optional):
	SUMMARY BALANC	E INFORMATION:
	Line 1: Ending Balance from previous report	\$ 10.
	T	4.5
	Line 2: Total receipts this period (page 2, line 11)	
-	Line 3: Subtotal (line 1 plus line 2)	<i>*</i> 0
	Line 4: Total expenditures this period (page 3, line	e 14)
	Line 5: Ending Balance (line 3 minus line 4)	\$ D
	Line 6: Total in-kind contributions this period (page	ge 4)
	Line 7: Total (all) outstanding liabilities (page 4)	\$ 0
	Line 8: Name of bank(s) used:	NA
ffidavit of C	ommittee Treasurer:	
tivity, includ		f my knowledge and belief, a true and complete statement of all campaign finance intributions and liabilities for this reporting period and represents the campaign excordance with the requirements of M.G.L. c. 55.
gned under	the penalties of perjury:	(Treasurer's signature) Date:
OR CANI	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
I certify th activity, of		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.
finance act		est of my knowledge and belief, a true and complete statement of all campaign a-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
	10/1	Date: : 4 - 7 7 - /7

#### 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. Commust keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must 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 all receipts. Please include your committee name and a page number on each page.)  Name and Residential Address  Occupation & Emp				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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ne 9: Total Receipts	s over \$50 (or listed above)			
	E	BMR on the second secon		
ne 10: Total Receipt	ts \$50 and under* (not listed above)			
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	$\overline{\Omega}$	Enter on page 1, line 2	
ron have itaminad as	points of \$50 and and an include 41 and 11 and		Latter on page 1, time 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.

### SCHEDULE B: EXPENDITURES

c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts do of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and do n line 13

Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to ort all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	e name and a page number on each pa		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	annis an annishis an ais ann an ambara dh'i ta' ann ann an ann an ann an an an an an an		<u>न्याच्याचाराम्याच्याच्याच्याच्याच्याच्यात्रेतं विचित्रं स्थायाय्याचारामायायाय्ये विचयत्रे व्याप्याच्याययायाय</u>	
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Table in the state of the state				
				TO NOT DESCRIPTION OF THE PARTY OF
	r	ing 12. Total Farmer diturns area \$50 (and listed all area)		~ ]
		Line 12: Total Expenditures over \$50 (or listed above)		
	.  1	ine 13: Total Expenditures \$50 a	nd under* (not listed above)	
E. C.				
	Enter on page 1, line $4 \rightarrow  \mathbf{I} $	ine 14: TOTAL EXPENDITUR	RES IN THE PERIOD	0
			<u> </u>	

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized bove.

Page 3

## 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 he committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
			·	
If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report he 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.		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		The state of the s
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

#### 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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		CONTROL CONTRO		THE RESERVE OF THE PARTY OF THE
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0