

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 10/27/19
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding elec	ction 30 day after election year-end report dissolution
Christiple P Riley	
Candidate Full Name (if applicable)  Saugus Town Meeting	Committee Name
Office Sought and District  7 Oceanview Ave	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: CC riley @ comcast.net	E-mail:
Phone # (optional):	Phone # (optional):
SIJMMARY BA	LANCE INFORMATION:
·	
Line 1: Ending Balance from previous repo	oort
Line 2: Total receipts this period (page 3, 1	line 11)
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (pag	ge 5, line 14) 6 47.47
Line 5: Ending Balance (line 3 minus line	- 64747
Line 6: Total in-kind contributions this per	eriod (page 6)
Line 7: Total (all) outstanding liabilities (p	page 7) 6 47.47
Line 8: Name of bank(s) used:	none to The
Affidavit of Committee Treasurer:	20 5 0
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 ts, in-kind contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (c	check 1 box only)
activity, of all persons acting under the authority or on behalf of this comm	l it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance mittee 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	is reporting period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, dist	It is, to the best of my knowledge and belief, a true and complete statement of all campaign sbursements, in-kind contributions and liabilities for this reporting period and represents the behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periury:	(Candidate's signature)  Date: 10/27/19

#### 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.)

eport an receipts. 1	Please include your committee name and a pa	ge number on ea	
	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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		J  L	
	J L	1	
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	$\bigcirc$	← Enter on page 1, line 2
If you have itemize	ed receipts of \$50 and under, include them in lin	ne 9. Line 10 show	eld include only those receipts not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

<b>Pate Received</b>	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			,
		,	
			DECT 28
			VED VED VED A III:
			\$\partial \partial \part
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2 ald 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.)

eport all expenditures. Please include your committee name and a page number on each page.)						
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
	Connolly Printing	17867115+	A A			
10/11/19		Weburn ma	Post(ards	377.19		
	WabalajmA					
10/25/19	ConnollyPrinting	17361115+	Signs +Frames	270.28		
7 - 1 - 2 - 1	CO	Wobsen, mA	38.911	210.28		
		49				
			r ·			
			70 70			
			ZOID OC TOWN O			
			28 A  ERK'S SAUGUS	- No.		
			US D			
			II: 28			
			28			
		Line 12: Total Expenditures or	ver \$50 (or listed above)			
		Line 12. Total Expellutures of	voi \$50 (oi listeu audve)			
		Line 13: Total Expenditures \$5	60 and under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	647.47		
* TC 1 1		r, include them in line 12. Line 13				

^{*} 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
		·		
1				
,	÷		7019 TOW	
			OCT 28 OF SAUG	
			A II: 29 S OFFICE MASS	j J
		,		
n i		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES 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 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
			MID OCT	
			DIN OCT 28 A II: 29 DWN CLERK'S OFFICE OWN OF SAUGUS, MASS.	
			: 29 FICE ASS.	<b>)</b> (4) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		Line 15: In-Kind Contribution	as over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND (	CONTRIBUTIONS	

^{*} 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	Amount	
10/11/19	Chro Riley	7 Oceanus Ave Sausis m A	Post (cres	377.19
10/11/19	CLrn Rily	70 carriso Are Sarsisim A	Signs + Frames	270.28
			TO 20	
			OCT 28	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			10WN CLERK'S OFFICE TOWN OF SAUGUS, MASS	
		,	The same	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	647.47



178 Gill Street, Woburn MA 01801 - 781-932-8885 ConnollyPrinting.com - 8004067205

Fax: Email: Website: htt

(78 ke

Date Invoice # 10/8/2019 27676

Bill To

Committee to Elect Chris Riley 7 Oceanview Avenue Saugus, MA 01906

P.O. No.	Terms
	due on receipt

Description

**Product: Post Cards** 

* 8.5 in x 5.5 in Post Card 100# Coated Cardstock

Sides: Double Sided

Color Prints



CONNOLLY PRINTING 178 Gill St Woburn, MA 01801 781-932-885

10/11/2019 Terminal ID No.:

70035059

Credit Sale:

Transaction #: Card Type: MasterCard Account: Entry: Invoice #:

Amount: USD\$377.19

Ref. Number: Auth. Code: Batch Number: 928420215027 Response: APPROVAL 47

Mode: 1s: 400000000004 80000008 0110601001220000000000000000000

TSI: ARC: APPLAB:

DEBIT MASTERC CUSTOMER COPY

Thank you

Ship Via Woburn F.O.B

422				
422 1270	uantity	Price		Amount
suer 1010 8000	500		\$0.71	\$355.00
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6800 00 CARD				a .
	770	21		
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	N OF SAU	OCT 28		
	SUE	A	<	
Charles Colonial Colo	OFFICE MASS.	A II: 2		
	e ÷≢emili e	29		

Thank you for doing business with Connolly Printing.

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

Subtotal:

\$355.00

(6.25%)

Total:

\$22.19 \$377.19

Payments/Credits

\$0.00

**Balance Due** 

\$377.19



Bill To

178 Gill Street, Woburn MA 01801 • 781-932-8885 ConnollyPrinting.com • 800-406-7206

Fax:

(781) 932-8544

544 10/24/2019

Email: kevinc@connollyprinting.com Website: http://www.connollyprinting.com

Committee to Elect Chris Riley 7 Oceanview Avenue Saugus, MA 01906

P.O. No.	Terms	Due Date	Rep	Ship
	due on receipt	10/29/2019	КС	

CONNOLLY PRINTING 17B G111 St Woburn, MR 01801 781-932-865 Description Item Code Quantity Product: Corrugated Plastic Signs 12 10/25/2019 Terminal ID No.: 24 in x 18 in - Corrugated Plastic Sign Double Sided Corrugated Plastic 4 mil Credit Sale: ° 2 Ink Colors: Nazdar 1800 Series - PMS 281 dark blue, Nazdar 1800 Transaction #: Card Type: Series - PMS 185 fire red Account: Entry: Invoice #: Amount: ŮSD\$270.28 Ref. Humber: Muth. Code: Batch Number: 92981620 Response: Product: Frames or Stakes APPROVAL 04 50 H-Frame Mode: 40000000031010 0080008000 06010403604002 APPLAB: VĬŠÄ ČRĖĎĮT CUSTOMER COPY Tr.ank you

Thank you for doing business with Connolly Printing.

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

Subtotal:

\$254.38

Invoice #

27871

(6.25%)

\$15.90

Total:

\$270.28

Payments/Credits

\$0.00

**Balance Due** 

\$270.28