

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

RECEIVE Municipal Form Campaign and Political Finance

Commonwealth of Massachusetts 2019 DEC 18 A In:	lis		File wit	th: City or Town Clerk	or Election Commission
Fill in Reporting Period dates: Beginning Date: TOWN OF FREE SOURCE	12-6-19		Ending Date:	12-31-19	
Type of Report: (Check one)	5.				
☐ 8th day preceding preliminary ☐ 8th day preceding elec	ion 3	30 day after	election	year-end report	dissolution
Debra C. Panetta	Ca	ommittee t	o Elect Debra Par	netta	
Candidate Full Name (if applicable)			Con	mmittee Name	
Selectman	Ma	ark Panetta	a		
Office Sought and District			Name of 0	Committee Treasurer	
1 Bellevue St.	1	Bellevue S	t. Saugus, MA 0	1906	
Residential Address			Committ	ee Mailing Address	
Telephone Number (optional): (781) 233-9720	Tel	lephone Num	ber (optional):	(781) 233	-9720
SUMMARY BAI	ANCE II	NFORM	ATION:		
Line 1: Ending Balance from previous repo	rt			12	8
Line 2: Total receipts this period (page 3, li	ne 11)				o
Line 3: Subtotal (line 1 plus line 2)				12	8
Line 4: Total expenditures this period (page	5, line 14))			o
Line 5: Ending Balance (line 3 minus line 4	l) 			12	8
Line 6: Total in-kind contributions this per	od (page 6	5)			
Line 7: Total (all) outstanding liabilities (p				19,169.5	58
Line 8: Name of bank(s) used: East Boston	Savings Ban	nk			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to activity, including all contributions, loans, receipts, expenditures, disbursements finance activity of all persons acting under the authority or on behalf of this committee under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (cl. Candidate with Committee and no activity independent of the committee activity, of all persons acting under the authority or on behalf of this commitment incurred any liabilities nor made any expenditures on my behalf during this Candidate without Committee OR Candidate with independent activity. I certify that I have examined this report including attached schedules and infinance activity, including contributions, loans, receipts, expenditures, disbursements.	neck 1 box only ee t is, to the best of ttee in accordan reporting perio f filing separate t is, to the best of	of my knowle rod. te report of my knowle state of	abilities for this reporter requirements of M. (Treasurer's signated and belief, a true requirements of M.G.	ting period and represer G.L. c. 55. ture) Date: 1. and complete statemen L. c. 55. I have not received	2-5-19 at of all campaign finance cived any contributions,
finance activity, including contributions, loans, receipts, expenditures, disbucampaign finance activity of all persons acting under the authority or on bei	ırsements, in-ki	and contributi	ions and liabilities for	this reporting period ar	nd represents the

Date:

(Candidate's signature)

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	Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
	None			
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			7919 TOWN TOWN	
			CEIV	
			Sugar	
			59 - 11	
			ID: 45	
			\$ t2	
	J]L			
ine 9: Total Rec	eipts over \$50 (or listed above)	0		
ing 10: Total Day	points \$50 and undouk (not listed above)		1	
THE TO, TOTAL REC	reipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD		11	

^{*} 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 A: RECEIPTS (continued)

X	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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			VE A 10 OFF MAS
			45
			6
			L
]	
			L
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
		0.71 10.1	I had include only those receipts not itemized above

^{*} 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

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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	None			
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	1			
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		Line 12. Total Expanditures	ver \$50 (or listed shove)	
		Line 12: Total Expenditures or	Act and (of figure and set)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
		Zine 13. Total Expenditures \$5	(not histor move)	
	Enter on page 1 line 4 -	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
		er, 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.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		*		
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			D: 45	7
			* In a	
			,	
		,		
		Line 12: Expenditures over \$	350 (or listed above)	
		Line 13: Expenditures \$50 an	d under* (not listed above)	
		Line 14: TOTAL EXPEND	ITURES IN THE PERIOD 3 should include only those expenditu	

^{*} 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
	None			
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			OF S	
			DEC 18	1(4)
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			- 10	
		·	3.5	_
	3			
			9	
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} 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
2011-2017	Debra C. Panetta	1 Bellevue St., Saugus, MA 01906	Signs, Postcards, Mailings	14,469.58
9-28-19	Debra C. Panetta	1 Bellevue St., Saugus, MA 01906	Newspaper ad	500
10-30-19	Debra C. Panetta	1 Bellevue St., Saugus, MA 01906	Postcards, mailings, posters, robo-call	4,200
		,	ZOIO DES TOWN OF	3
			18 A ERK'S C AUGUS,	CFI V
			FFICE	