

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 9./	File with: City or Town Clerk or Election Commission $O \cdot 2 / Ending Date: / 0 \cdot 26 - 2 /$
Type of Report: (Check one)	•
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Kristi A-Talagan	
Candidate Full Name (if applicable) Tousing Authority	Committee Name
Office Sought and District	Name of Committee Treasurer
21 Farringtun Ave. Saugus MA Residential Address	
E-mail: Kristi talcican (acome astinet	Committee Mailing-Address
Phone # (optional): 781-718-5948	Phone # (optional):
101 110 5 170	Prione # (optional):
SUMMARY BALANC	E INFORMATION.
SUMMANI DALANC	E INFORMATION: 资富 点
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	<i>O</i>
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	0
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury: Bust Vala	(Candidate's signature) Date: \(\begin{align*} D \sqrt{26 \lambda \end{align*}

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)	Amount	Occupation & Employer (for contributions of \$200 or more)
			,
4			
or and a second			
Line 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rece	sipts \$50 and under* (not listed above)		*
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← 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.)

eport 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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		Line 12: Total Expenditures over	er \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on nage 1 line 1 -	Line 14: TOTAL EXPENDIT	HRES IN THE PERIOD	
	l	inglyde them in line 12. Ting 12 at		L <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 above.

Page 4

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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\$ \$			
			·
Line 9: Total Re	ceipts over \$50 (or listed above)		
Line 10: Total R	eceipts \$50 and under* (not listed above)		
Line 11: TOTA	L RECEIPTS IN THE PERIOD	3	← 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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 and		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	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.

Page 5

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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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11				
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		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	550 & under (not listed above)	
	}			

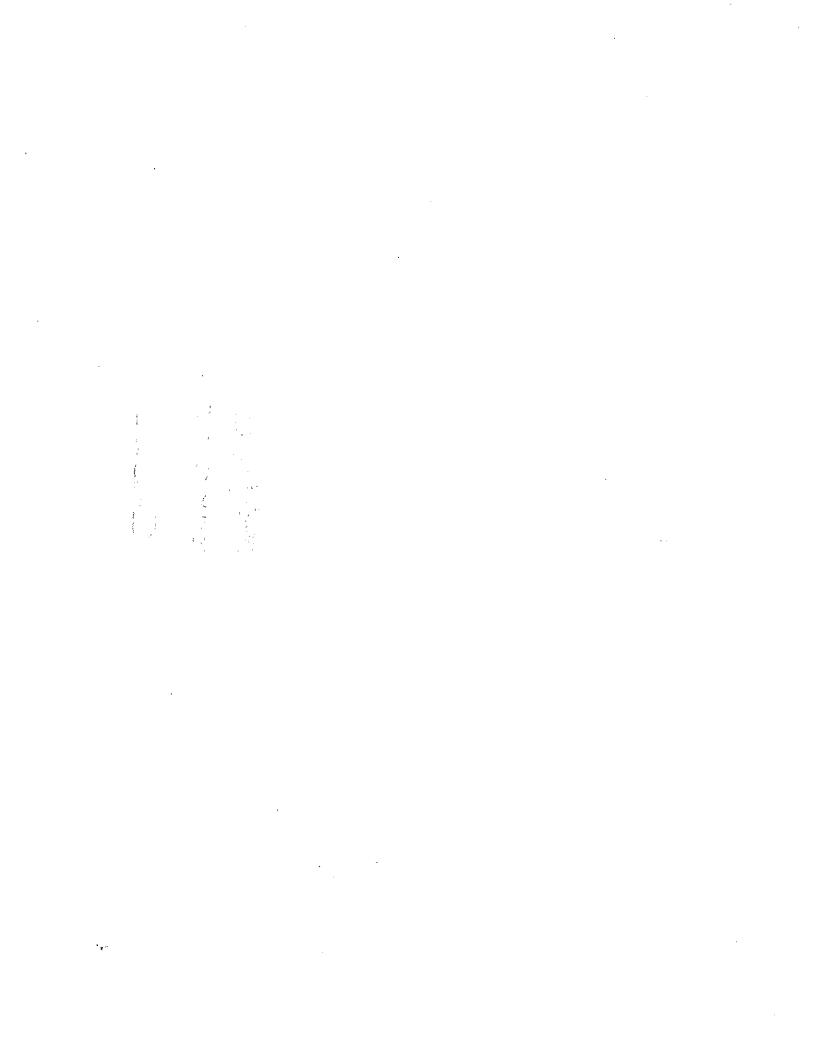
^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

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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			OCT 26 A II: 0	G
		→ Line 18: TOTAL OUTSTAL		





Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City of Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: (a) Ending Date: (b) 26 2
Type of Report: (Check one)
30 day after election year-end report dissolution
WILLIAM B. STEWART
Cand date Full Name (if applicable) Committee Name
Office Sought and District Name of Committee Treasurer
Office Sought and District Name of Committee Treasurer Name of Committee Treasurer
Residential Address Committee Mailing Address
E-mail: Wh54234@ 304,00H E-mail:
Phone # (optional): Phone # (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 14)
Entre 4. Total experienteres this period (page 3, fine 14)
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:
Affidavit of Committee Treasurer: 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 ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign inance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. 555. Committee Treasurer: A true and complete statement of all campaign finance ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance ctivity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. 555. Committee Treasurer: A true and complete statement of all campaign finance ctivity, including all contributions, loans, receipts, expenditures, disbursements in a coordance with the requirements of M.G.L. 555. Committee Treasurer: A true and complete statement of all campaign finance ctivity, including all contributions, loans, receipts, expenditures, disbursements in a true and complete statement of all campaign finance ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance ctivity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. 555.
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. 55. I have not required any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.
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, eccipts, 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 candidate in accordance with the requirements of M.G.L. c. 55. Date: 1 2 6 2
igned under the penalties of perjury: (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)
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ine 9: Total Rece	ipts over \$50 (or listed above)		
ane 10: Total Rece	sipts \$50 and under* (not listed above)		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			Id 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 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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			WN OF SAU
			A D. 10.
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	cipts \$50 and under* (not listed above)		
***************************************	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		L Line 10 shoul	d 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.)

eport all expenditures. Please include your committee name and a page number on each page.)				
Data Bald	To Whom Paid	A diducas	Dayman of Francis ditays	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expenditures ov	er \$50 (or listed above)	
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		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow $ Line 14: TOTAL EXPENDITURES IN THE PERIOD			
		include them in line 12. Line 12 c		1

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		Line 12: Expenditures over \$50	GX 6		
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			(or listed above) 5		
		Line 12: Expenditures over \$50	(or listed above) 5		
		Line 13: Expenditures \$50 and t	inder* (not listed above)		
		Entre 15, Experientures 450 and C	moor (not noted above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
	from have itemized expenditures of \$50 and under include them in fine 12. Line 12 should include only these expenditures at itemized				

^{*} 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
The state of the s				
	1			
	,			
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
		Line 17: TOTAL IN-KIND C		

^{*} 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.

Page 6

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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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	(2)

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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: [O S	
Type of Report: (Check one)	
	30 day after election year-end report dissolution
out day preceding premiminary	30 day arter election year-end report dissortation
TOHN CANNON Candidate Full Name (if applicable) HOUSING AUTIT	+ ~ ~
Candidate Full Name (if applicable)	Committee Name
HOUSING AUTIT	568
19 TALBOT ST SAUGUS	Name of Committee Treasurer
1 0	Committee Mailing Address E-mail:
Phone # (optional): 857-588-3180	Phone # (optional):
SUMMARY BALANCE	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	14)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	: 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in acc	tributions 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: (check 1 box o	mly)
Candidate with 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 accor 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 I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this campaign during the penalties of perjury:	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		Occupation & Employer	
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)	
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Line 10: Total Rece	eipts \$50 and under* (not listed above)			
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ine 11: TOTAL 1	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
			Id include only those receipts not itemized above	

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
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			TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.
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	,		
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2 d include only those receipts not itemized above.

Page 3

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.)

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Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 13: Total Expenditures \$50	and under. (not usted above)	<u> </u>
		Line 14: TOTAL 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 13: Expenditures \$50 and	under (not fisted above)	
_	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
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^{*} 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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				77
		Line 15: In-Kind Contributions	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	ONTRIBUTIONS	

^{*} 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.

Page 6

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	RECEIVED	Amount
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			TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	
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	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

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