

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	2019 Ending Date: Dec 3/ 2019
Type of Report: (Check one)	All LadAM, ALP V
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Teanoth Meredixa	Capal Camuelles
Candidate Full Name (if applicable)	Committee Name
School Committee	
Office Sought and District	Name of Committee Treasurer
15 Dale St Saugus	10 70
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANČ	TE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	O · m
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, lin	e 14)
Line 5: Ending Balance (line 3 minus line 4)	6
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	N/4
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 the contributions is a second to the contribution of th	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 committee in Signed under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	(Transmot o digitality)
Candidate with Committee and no activity independent of the committee	,, v., v., v., v., v., v., v., v., v., v
I certify that I have examined this report including attached schedules and it is, to the	be 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, a period.
Candidate without Committee OR Candidate with independent activity filing se 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 thi	best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 2/19/19

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.)

Name and Residential Address 2			Occupation & Employer	
Date Received	(alphabetical listing required) Amou		(for contributions of \$200 or more)	
	TOWN OF SAUGUS, MASS.		7	
	TOTAL SAUGUS, MADS.	8		
	,	5		
	···· y Hirl	. 5-74.		
	8 40 18 5	\$		
	· ·			
			4	
- III	i ii	i / ii		
√ ·	± - €			
		*		
	/ :	×		
	ाटन १५ केट इ.स. १९६७	. 184		
	V to CR			
		1.22.7		
ine 9: Total Receip	ts over \$50 (or listed above)			
		, p		
ne 10: Total Receip	ots \$50 and under* (not listed above)	40.,4		
11. TOTALL DE	ECEIDES IN THE PEDIOD			
ne II: TOTAL RI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

. Part son

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount (for contributions of \$200 or mo		
	r a stimpe a	N ()	2019 DEC 19 P 3: 12	
		F FACE FF	TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	
		197:		
. p				
	3.41 Pat	:11		
	The state of the s			
		3		
Line 9: Total Recei	pts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← 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

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 keep 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 19 P 3: 12					
Date Paid					
2000 1 010	TOWN CLERI	I'S OFFICE	Turpose of Expenditure	Amount	
	TOWN OF SAU	GUS, MASS.			
			/		
	·	,			
			<i>Y</i> 1		
		1071			
				<u> </u>	
1	H				
		/			
		- State / 3	×		
		34:50.7/10			
		/ '			
		<i>y</i> .			
	1		ž.		
		** .			
		s .			
		: 0: -			
	/				
	/				
4.					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Line 12: Total Expenditures ove	er \$50 (or listed above)		
	<u> </u>				
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	IRES IN THE PERIOD		
	Enter on page 1, line 4 -	Eme 14. TOTAL EXTERDITO	ALS III THE LERIOD		

^{*} 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
=		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		LIVED
			7018 DEC	1
			TOWN CL TOWN OF	RK'S OFFICE
				1 8
		2		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1		
,				1 1 1 1
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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.

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* 3:	Residential Address	Description of Contribution	Value
	TOWN CLERK'S OFF TOWN OF SAUGUS, MA	\$5.		
		. 1840 . p. 3		
	,			
		gar JAD		
		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	NTRIBUTIONS	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.

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
			2019 DEC 19 P 3: 12	
			TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	×
		1 1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	,			·
	. ,			
		y 编码 (1)		
	, , , , , , , , , , , , , , , , , , ,	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		i.
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	()