

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	Ending Date: 12 31 19
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election [30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Committee to Re Elect L-Gaizsti
Saugus School Committee Office Sought and District	Pofer Gareski Name of Committee Treasurer
Telephone Number (optional): 781-233-8827	Telephone Number (optional): US1-233-8827
SUMMARY BALANCI	
Line 1: Ending Balance from previous report	00.00
Line 2: Total receipts this period (page 3, line 11)	00-00
Line 3: Subtotal (line 1 plus line 2)	00.00
Line 4: Total expenditures this period (page 5, line	14) 60.00
Line 5: Ending Balance (line 3 minus line 4)	60.00
Line 6: Total in-kind contributions this period (pag	ge 6) 00.00
Line 7: Total (all) outstanding liabilities (page 7)	00.00
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 cactivity, 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 a	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: ///2/19
Candidate with Committee and no activity independent of the committee and it is, to the activity, of all persons acting under the authority of or behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting process.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the t finance activity, including contributions, loans, receipts, expenditures; disbursements, campaign finance activity of all persons acting under the authority or on beliat of this	pest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date:

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)	
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	y or CE.	.484		
ine 9: Total Receip	pts over \$50 (or listed above)	00.00		
ine 10: Total Recei	pts \$50 and under* (not listed above)	60.00	*	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

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 Receip	ots over \$50 (or listed above)	00.00	
Line 10: Total Recei	pts \$50 and under* (not listed above)	00.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	00,00	← 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 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.)

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
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	2:28 SFFICE MASS.	· p z · ·		
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		Line 12: Total Expenditures over	er \$50 (or listed above)	00.00
		Line 13: Total Expenditures \$50	and under* (not listed above)	00.00
	Enton on mass 1 12ms 4	Line 14: TOTAL EXPENDIT	IDES IN THE DEDION	
	Enter on page 1, line $4 \rightarrow$	Line 14; TOTAL EXPENDIT	JES IN THE PERIOD	00.00

^{*} 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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r ²				
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	i ci		OLERK'S OFFICE MASS.	28
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		37		
8				
		Line 12: Expenditures over \$5	0 (or listed above)	60.00
		Line 13: Expenditures \$50 and	under* (not listed above)	00.00
¥* =	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	00.00

^{*} 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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		, a , No.			
	,				
		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 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	Purpose	Amount
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		₩. 32 **		
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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	66.60