

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Of Massachusetts			F	ile with: City or Town	Clerk or Election C	ommission
Fill in Reporting Period	d dates: Beginning Date:	11/5/201	Ending D	ate: 12 31	2019	la
Type of Report: (Check	k one)		, , , , , , , , , , , , , , , , , , ,	4		
8th day preceding prelin	ninary 3th day preceding electi	ion . 🖸 30 day	after election	ear-end repo	ort dissolu	tion
maureen	1. Sitomb					
	te Full Name (if applicable)		× .	Committee Name		
Saugus the	Bing Athority ice Sought and District		Nan	ne of Committee Treasu	тег	
ana Essex ST	#102 - Saugus MK	F     E	Со	mmittee Mailing Addres	SS	
Telephone Number (optional):	778-413-15.34	Ţelephon	e Number (optional):			
v r	SUMMARY BAL	ANCE INFO	RMATION:			
			<u></u>			
Line 1: E	nding Balance from previous repor	rt		<i>y</i>		
Line 2: To	otal receipts this period (page 3, lir	ne 11)	-e	<del>)</del>		
Line 3: St	ubtotal (line 1 plus line 2)	bri ka	-e	)		
Line 4: To	otal expenditures this period (page	5, line 14)				) .
Line 5: E	nding Balance (line 3 minus line 4)	)	-6			
Line 6: To	otal in-kind contributions this period	od (page 6)	-6	A BROWN		
Line 7: To	otal (all) outstanding liabilities (pa	ge 7)	-0	S OFF		•
Line 8: N	fame of bank(s) used:			)S.		
activity, including all contributions	er: report including attached schedules and it is, to s, loans, receipts, expenditures, disbursements, i ng under the authority or on behalf of this comm	in-kind contributions	and liabilities for this with the requirements	reporting period and re of M.G.L. c. 55.	presents the campai	nance gn
Signed under the penalties of per	rjury:  NGS ONLY: Affidavit of Candidate: (che		(Treasurer's	signature) Dat	te:	
I certify that I have examined activity, of all persons acting incurred any liabilities nor ma	and no activity independent of the committed i this report including attached schedules and it i under the authority or on behalf of this committ ade any expenditures on my behalf during this r	is, to the best of my l tee in accordance wit	knowledge and belief, th the requirements of	a true and complete state M.G.L. c. 55. I have no	tement of all campa at received any cont	ign finance ributions,
I certify that I have examined finance activity, including co	tee OR Candidate with independent activity. I this report including attached schedules and it intributions, loans, receipts, expenditures; glisbur all persons acting under the authority or on behavior.	is, to the best of my l rsements, in-kind cor	knowledge and belief, atributions and liabilit	ies for this reporting per	iod and represents t	he
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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.)

,	To Whom Paid	3 1 · 1 · 1 · 1	kuPe./		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	/Amount	
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		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Г		
Line 12: Total Expenditures over \$50 (or listed above)					
		Line 13: Total Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
			L		

<sup>\*</sup> 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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			TOWN OF	REO
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		55	u: 29 office mass.	
				/
		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 and	d under* (not listed above)	
** *	Enter on page 1, line 4		TURES IN THE PERIOD should include only those expendit	

<sup>\*</sup> 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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			OLERKI OLERKI		
			P 4: 29 S OFFICE IS, MASS.		
.:					
6.1		Line 15: In-Kind Contributions o	ver \$50 (or listed above)		
	Ī	Line 16: In-Kind Contributions \$50 & under (not listed above)			
*	Enter on page 1, line $6 \rightarrow 1$	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS		

<sup>\*</sup> 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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	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	· ·	

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