

Form CPF M 102: Campaign Finance Report \\(\frac{1}{2} \rightarrow \| \quad \quad \text{Municipal Form} \)

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Ending Date: 10/28 /19 Fill in Reporting Period dates: Beginning Date: 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) st. Daugus mg. igiou st. Salgus, ma olgolo Telephone Number (optional): 979-375 965 Telephone Number (optional): 4776,4375-9651 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending Balance (line 3 minus line 4) Total in kild contributions this period (page 4) Total (all) catstanding liabilities (page 4) Affidavit of Committee Treasurer: 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 all contributions, loans, receipts, 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 committee in accordance with the requirements of M.G.L. c. 55. Date: Signed under the penalties of perjury: 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.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. 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, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: 10/20/19 (Candidate's signature) Signed under the penalties of perjury:

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)	
10/19/19	Michael A Coller 3212 MAIN St. Saugus, mg 01906	9109		
			70 Y	
			CLERK OF SAUG	
			VED P : u	
e 9: Total Receipts	over \$50 (or listed above)	li ot		
e 10: Total Receipts	\$50 and under* (not listed above)		8	
e 11: TOTAL REC	CEIPTS IN THE PERIOD	1109	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 a cords 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 expendit	report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10173/19	VISTA PRINT	WALLAM, MG 0245	Signs For Election	9/09	
			TOWN OF SOWN O	影	
			PRINTS OF	盖	
C-			SS.	Escar	
				1	
		7			
Line 12: Total Expenditures over			er \$50 (or listed above)	9109	
	Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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.

Page 3

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	Evon Whom Doody 14	D. C. L. C. L. L.		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	7			
				15 1 1 1
				3
	6			
* If an in-kind contrib	oution is received from a person who	Line 15: In Wind Contribution	0.50 (11 (1 1 1)	
the name and address	\$50 in a calendar year, you must report of the contributor; in addition, if the	Line 15: In-Kind Contributions	over \$50 (or listed above)	
antribution in \$200		I in 16. In Wind Contributions	250 0	
ommonor s occupan			· / [
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	
F-1	,	· · · · · · · · · · · · · · · · · · ·		

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
1 ()				
			OWN CLE	REO
			28 P SAUGUS, MA	EIVE
·			OFFICE MASS.	9
	Enter on page 1, line 7 -	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

My Account / Order History / Order Details

Account # 2794-5607-3395

Order Details | Order # DP1J0-K5A89-7K5

Order Date: 10/19/2019 11:07 AM Estimated Date of Arrival: 10/23/2019

Order Status: Shipped

Shipping Address

Michael Coller 32R Main St Saugus, MA 01906 United States of America 9783759651

Delivery Speed

Express

Order Total

Product Total

Shipping & Processing Express - Est. Arrival Oct 23

Sales Tax

Vistaprint Credit

You Paid:

2 Item(s)

For Saugus Selectr

Billing Address

Michael Coller 32R Main St Saugus, MA 01906 United States of America 9783759651

Payment Information

****1194 Exp. 11/2022

\$89.98

You Saved 25% (\$30.02)!

\$23.99

\$7.12

-\$30.00

\$91.09

RECEIVED

2019 OCT 28 P 1:46

TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.



Reorder

Res

Large Plastic Signs

Status: Shipped

Track: 1Z7R44E20258904363

Qty 4

Show Selected Options

Base Price

\$72.00 \$53.99

Blank Backsides

INCLUDED

Item Total *

\$53.99

THE CT 23 P 1945

Tryes of London



10/25/2019

Order Details



Car Magnets - 11.5" x 17.6"

Status: Shipped

Track: 1Z7R44E20258904363

Qty 2

Base Price

\$48.00 \$35.99

Item Total *

\$35.99

*State sales tax is required on this item.

M 10/10/19

RECEIVED

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THE TOTAL PROPERTY OF THE SALES

\$4000 to 1

44.275

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