

# 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
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election
Candidate Full Name (if applicable)	Elect Michael A. Collen Committee Name
Selectorx	N/A
Office Sought and District	Name of Committee Treasurer
32R MAIN St.	N/A
Residential Address	Committee Mailing Address
Telephone Number (optional): 978-375-9651	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	10 WW 10 WW
Line 2: Total receipts this period (page 3, line 11)	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Line 3: Subtotal (line 1 plus line 2)	& See 2 11
Line 4: Total expenditures this period (page 5, line	4576
Line 5: Ending Balance (line 3 minus line 4)	<b>⊗</b> . 55
Line 6: Total in-kind contributions this period (page)	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	<b>☆</b>
Line 8: Name of bank(s) used:	Boston Sarings
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 of on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
Candidate with Committee and no activity independent of the 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.
Candidate without Committee OR Candidate with independent activity filling set 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	best 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
	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.)

Name and Residential Address			Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
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		7.44			
ine 9: Total Receip	pts over \$50 (or listed above)				
ine 10: Total Recei	pts \$50 and under* (not listed above)				
ing 11. TOTAL D	ECEIPTS IN THE PERIOD				
me II: IOIAL R	ECEIT 18 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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	.!	2	
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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.)

	To Whom Paid	3 1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Date Paid (alphabetical listing)		Address	Purpose of Expenditure	Amount
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	W-17-00-10-10-10-10-10-10-10-10-10-10-10-10-		<b>DEC.</b> ( 11 )	
		Line 12: Total Expenditures ove	er \$50 (or listed above)	
	ř			$\forall = 1$
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		The 14 TOTAL EXPENSES	IDEC IN THE PERIOD	
	Enter on page 1, line $4 \rightarrow  $	Line 14: TOTAL EXPENDITU	KES IN THE PERIOD	

<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	
		10.10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	,				
	Line 12: Expenditures over \$50 (or listed above)				
,		Line 13: Expenditures \$50 and			
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

<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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		to the transfer of the transfe		
		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 $6 \rightarrow 1$	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 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

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