

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI IVIASSACI	ausotts	File with: City or Town Clerk or Election Commis
Fill in I	Reporting Period dates: Beginning Date:	-12-2017 Ending Date: 12-6-2017
Type of	f Report: (Check one)	
	ay preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
ma	wreen whiteomb	
	Candidate Full Name (if applicable)	Committee Name
Toxo	Office Sought and District	Name of Committee Treasurer
212	ESSex St #102.	1 2
	Residential Address	Committee Mailing Address
Telephone N	Number (optional):	Telephone Number (optional):
	CHITMATA AT A TIDEAT A TATA	27
	SUMMARY BALAN	
	Line 1: Ending Balance from previous report	OFFICE 54
	Line 2: Total receipts this period (page 2, line 11	
	Line 3: Subtotal (line 1 plus line 2)	<del>0</del>
	Line 4: Total expenditures this period (page 3, lin	ue 14)
	Line 5: Ending Balance (line 3 minus line 4)	
	Line 6: Total in-kind contributions this period (pa	ge 4)
	Line 7: Total (all) outstanding liabilities (page 4)	
	Line 8: Name of bank(s) used:	NA
ertify that I h tivity, includi	ommittee Treasurer:  ave examined this report including attached schedules and it is, to the best of all contributions, loans, receipts, expenditures, disbursements, in-kind confidence of all persons acting under the authority or on behalf of this committee in a	of my knowledge and belief, a true and complete statement of all campaign finance ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
gned under tl	he penalties of perjury:	(Treasurer's signature) Date:
OR CAND	IDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate I certify tha activity, of	with Committee t I have examined this report including attached schedules and it is, to the b	nest 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,
I certify that finance activ	without Committee  I have examined this report including attached schedules and it is, to the be vity, including contributions, loans, receipts, expenditures, disbursements, in nance activity of all persons acting under the authority or on behalf of this c	est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
	e penalties of perjury: Maurel Harris	(Candidate's signature) Date: 12/0/2017

## 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	A	Occupation & Employer	
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)	
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ne 9: Total Receip	ts over \$50 (or listed above)	0		
ne 10: Total Receij	ots \$50 and under* (not listed above)	0		
ma 11. TOTAT IN				
ie II: IUTAL R	ECEIPTS IN THE PERIOD	-6	← 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	e name and a page number on each pag		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	L.	: 10 m / 1 m	050 (1:-1-1	
	L	ine 12: Total Expenditures over \$	bou (or listed above)	-6
*	· L	ine 13: Total Expenditures \$50 an	ad under* (not listed above)	0
	<u></u>			
	Testor on mage 1 line 4 -> I	ine 14: TOTAL EXPENDITUR	ES IN THE PERIOD	0

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized bove.

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 he committee's records and included in line 16 on page 1.

Date Received	Discours NATI and The age and	Desidential	D 121 6G 15 11	¥7.1
Date Received	From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
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		Lease of the Control		
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TC ' 1' 1		Action of the second of the se		
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report		Line 15: In-Kind Contributions over \$50 (or listed above)		
	s of the contributor; in addition, if the	2. In Time Contitutions	over \$50 (or fished above)	
contribution is \$200 or more, you must also report the		Line 16: In Kind Contributions \$50 franches (not listed charry)		~
contributor's occupation and employer.		Line 16: In-Kind Contributions \$50 & under (not listed above)		0
_		Ti de momit mi vers co		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	DNTRIBUTIONS	0

## 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
CER OLER OF SAU			Markettine mention and the second
			CONTRACTOR CONTRACTOR AND