

# 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  File with: City or Town Clerk or Election Commission  Output  Description: 100 - 2019  Ending Date: 100 - 2019
Type of Report: (Check one)  ☐ 8th day preceding preliminary  8th day preceding election	30 day after election  year-end report dissolution
Stephen M. Horlick	
Candidate Full Name (if applicable)	Committee Name
Housing Authority	100
Office Sought and District	Name of Committee Treasurer
Town wide	
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	S
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	8
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	8
Line 8: Name of bank(s) used:	ŽŽ
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be 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 perjuty. of all persons acting under the authority or on behalf of this committee.	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:    Date:
activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee OR Candidate with independent activity filing so 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 of on behalf of the Signed under the penalties of perjury:	period.  eparate report  best of my knowledge and belief, a true and complete statement of all campaign  s. in Eind contributions and liabilities for this reporting period and congresses the

#### **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.)

ate Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		7 h	
	90 - 180 - 180 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- 1-74 - 1-74 - 1-74	
ÆD.	OFFICE S, MASS.	¥	
CEN	CLERK'S		
	TOWN TOWN		
	7		
		. ,	
9: Total Recei	pts over \$50 (or listed above)		
10: Total Rece	ipts \$50 and under* (not listed above)		
e 11: TOTAL R	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

The same

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1 1 1 1	
			/
			11/
			TOWN OF
	7.3 ( Ex. )		CEIV
			DEFICE MASS.
		y Maria de la companya de la company	
		÷	
ine 9: Total Receip	ts over \$50 (or listed above)		<u> </u>
Line 10: Total Receip	ots \$50 and under* (not listed above)		
ing 11, TOTAL DI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				· ·
		4 B		
]		, , , , , , , , , , , , , , , , , , ,		
	3.17 FFICE	900 13 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Z9 P Z9 P ERK'S C SAUGUS,			6
200	2019 OCT			
,				
		Line 12: Total Expenditures over		
MI		Line 13: Total Expenditures \$50		
fyou have item	Enter on page 1, line $4 \rightarrow \left[ \text{wized expenditures of $50 and under} \right]$	include them in line 12. Line 13 sh	nould include only those expenditures	not itemized

above.

## **SCHEDULE B: EXPENDITURES (continued)**

	Address	<b>Purpose of Expenditure</b>	Amount
	: A:		
			11 / 12
		· . /	
		ZOI9 OCTOWN OF	꿈
		29 F ERK'S SAUGUS	NEW NEW
		3: 11	5
	AA. 74		
		-3 9	
			A 1 1
1 / 100	Line 12: Expenditures over \$50	(or listed above)	
	Line 13: Expenditures \$50 and u	nnder* (not listed above)	A
		Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and to	Line 12: Expenditures \$50 and under* (not listed above)

\* 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 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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	SS:			
	7 3 0F8			
	NN CLER	,		
	701 102			
	/	Line 15: In-Kind Contributions	s over \$50 (or listed above)	4.720
71		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
* · /	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	1

<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
			TOWN OF TOWN	2
			72 B	2
		ag,	29 P LERK'S	V
			TOWN OF SAUBUS, MASS-	5
		<u>.</u>		
		***		
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

