		FILE COPY Campaign Finance Repor	·t	
	Municipal Form Office of Campaign and Political Finance			
Commonwe of Massachu		File with: City of Town Cle	P 2: 21L	
Fill in R	eporting Period dates: Beginning Date: 10 3	Ending Date: 12-312 of		
Гуре of	Report: (Check one)			
8th da	y preceding preliminary 28th day preceding election 2	30 day after election year-end report	dissolution	
660	ORGE A. DARCY ITT_ Candidate Full Name (if applicable)	GEORGE DARLY COMM Committee Name	HITTEE	
C	OUNCILLOR WARD 3 Office Sought and District	JANET DARCY		
9		Name of Committee Treasurer 93 HOBB5 RD, WALMAM	1110245	
	Residential Address	Committee Mailing Address	NA 0210	
elephone N	fumber (optional):	Telephone Number (optional):		
	SUMMARY BALANCE	INFORMATION:		
	Line 1: Ending Balance from previous report	450	0	
:	Line 2: Total receipts this period (page 3, line 11)	0		
	Line 3: Subtotal (line 1 plus line 2)	450	<u>,</u>	
	Line 4: Total expenditures this period (page 5, line	14) <b>O</b>		
	Line 5: Ending Balance (line 3 minus line 4)	450		
	Line 6: Total in-kind contributions this period (page	6) (		
	Line 7: Total (all) outstanding liabilities (page 7)	0		
	Line 8: Name of bank(s) used: D.C.U.			
Candida Candida Candida Candida Candida Candida Candida Candida Candida Candida	Committee Treasurer: I have examined this report including attached schedules and it is, to the best of iding all contributions, loans, receipts, expenditures, disbursements, in-kind con ity of all persons acting under the authority or on behalf of this committee in acc r the penalties of perjury: X M, Buy NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box ate with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the be of all persons acting under the authority or on behalf of this committee in accor any liabilities nor made any expenditures on my behalf during this reporting pe ate without Committee OR Candidate with independent activity filing separt that I have examined this report including attached schedules and it is, to the be of all persons acting under the authority or on behalf of this committee in accor any liabilities nor made any expenditures on my behalf during this reporting pe ate without Committee OR Candidate with independent activity filing separt that I have examined this report including attached schedules and it is, to the be activity, including contributions, loans, receipts, expenditures, disbursements, in	tributions and liabilities for this reporting period and represe ordance with the requirements of M.G.L. c. 55. (Treasurer's signature) (Treasurer's signaturer's signature) (Treasurer's signaturer's	nts the campaign	
	in finance activity of all persons acting under the authority or on behalf of this co in 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)
]			
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
}				
				· .
[]				
[]				
· ·				
]				[]
				]
				}
Lin		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
				0
Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES 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 above. Page 4

## 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
		Line 15: In-Kind Contributions	i	
		Line 16: In-Kind Contributions S	L	
	Enter on page 1, line 6 $\rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

\* 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
<b></b> _ <b>_</b> _ <b>_</b> _	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0

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