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Form CPF M 102: Campaign Finance Reported MALTHAM Municipal Form Municipal Form Office of Campaign and Political Finance

2012 JAN -9 P 7: 08

Massachusetts	Eute Omt 1 1 00	
ile with:	KECURDED	
City or Town Clerk or Election Commission Please print or type all information	, , , , , , , , , , , , , , , , , , , ,	4
	ii, except signatures.	
Fill in dates: Reporting Period Beginning O 22 20	Ending 12 31 a	011
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐3	30 day after election □year-end report □	dissolution
Full Name of Candidate (if applicable) Onice Sought and District SS Benkers Residential Address Walter MA Color Sought Land MA Color Sought Continued to the Continued to	Committee Name Cicle Ryan Nickelson Name of Committee Treasurer Benkiey Street Committee Mailing Address Huan, MH 0245/ 1526-1285 Tel. No. (optice)	
SUMMARY BALANCE IN	VEORMATION:	· · · · .
Line 1: Ending balance from previous r Line 2: Total receipts this period (page 2, Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this per Line 7: Total (all) outstanding liabilities (page 2, Line 8: Name of bank(s) used water-	(page 3, line 14) \$\\ \\$2,763.74 \\ \\$1,362.37 \\ \\$1,501.37 \\ \\$2,000 \\ \\$2,000 \\ \\$2,000 \\ \\$3,0000 \\ \\$3,000 \\ \\$3,000 \\ \\$3,000 \\ \\$3,000 \\ \\$3,000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \\$3,0000 \\ \	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best finance activity, including all contributions, loans, receipts, expenditures, disbursements, incampaign finance activity of all persons acting under the authority or on behalf of this common Signed under the penalties of public of the committee of th	HKING contributions and liabilities for this reporting period mittee in accordance with the requirements of M.G.L. c. 55	
FOR CANDIDATE FILINGS ONLY:	(CANDIDATE MUST SIGN BELOW)	
Affidavit of Candidate: (check 1 box 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 best of finance activity, of all persons acting under the authority or on behalf of this committee in contributions, incurred any liabilities nor made any expenditures on my behalf during this re Candidate without Committee OR Candidate with Independent activity filling sepa I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kit campaign finance activity of all persons acting under the authority or on behalf of this committee of perjunctures. Candidate signature (in ink)	a accordance with the requirements of M.G.L. c. 55. I have reporting period. arate report of my knowledge and belief, a true and complete statemen the contributions and liabilities for this reporting period a symittee in accordance with the requirements of M.G.L. c. 59.	not received any it of all campaign and represents 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 themize 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received			unt	Occupation & Employer (for contributions of \$200 or more	
10/22/11-	LeBione, Diene (candidate)		14	RegionalLiaisem	
11/08/11	55 Berkley Steet, Walton, MACY	57	<u> </u>	WATICAN AND NOW !	
				350 Tepelo Road Wa 1 thom, m A 02450	
11/6/01	LeBiar, Ernest (Neck# 4200)	200	OG.	manager & BOBLCC Wa HhamimA	
	Wa Ithan, mf 02453			,	
		•			
Line 9:	Total receipts in excess of \$50 (or listed above)	809	14		
	Total receipts \$50 and under* (not listed above)	75	00		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	884	14	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.

Page 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 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.

This page may be copied 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	Amo	unt
11/2/11	Community News Rp 1-800-894-5141	PS .	Advertisement	459	در
10/25/11		Wa HhamimA	Itenster whater Thusing autreache	56	28
11/5/11	Costac	Waltermina	Facol For universe Smack bassis porty	327	86
11/8/11	Firman, Sue	orangestreet was than, mA	composition for assistance of November Check # 1469	100	0.0
11/8/11	Micco, Shonon	Was Humman coss	compression for our started on November 18,2011 Chacket 1465	125	00
1/8/11.	Pizzi forms	Wincoln Street Win Hlyn MA	for volunterns	150	00
11/2/11	Unitedstates lestal Service	rether Homber	stoub2	44	OC
		, -			
	-				
			·		7 (2
		·	Expenditures over \$50	1,262	37
	_		Expenditures \$50 and under*	Ú	00
]	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	1,262	<u>31</u>

^{*}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.

Date Received	From Whom	Received*	Residential Address	Description of Contribution	Value
· 4-4					
				14 A	
	<u> </u>		Line 15	: In-kind over \$50	
				: In-kind \$50 and under	50,00
	Enter on page 1,	line 6		: Total In-kind	50.00

^{*} 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.

SCHEDULE D: LIABILITIES None

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
			<u> </u>	
			-	
I	Enter on page 1, line 7	Line 18: OUTSTANDING I	LIABILITIES (ALL)	0.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4