# **FILE COPY**



Form CPF M 102: Campaign Finance Report

Municipal Form

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essacerentita I Massachusettr				necial	
ile with: Tity or Town Clerk or Election Commission Please	print or type all information,	except sign	atures.		-
Fill in dates:  Reporting Period Beginning	17 2009	Ending	Month 12	31	<i>š</i> 009
Type of report: (Check one)  ☐8th day preceding preliminary ☐8th d	lay preceding election 30	day after e	lection (	□year-end rep	ort  dissolution
Full Name of Candidate (if application of School Commoder of Commoder of Candidate (if application of Commoder of	Hee   St	epher Name o RC Comm	Committe ODIOS	Name  I N ( )  ce Treasurer  St., ing Address  0927	nmitter Har Waltham a. (optional)
Line 1: Ending balantine 2: Total receipt Line 3: Subtotal (line Line 4: Total expend Line 5: Ending balantine 6: Total in-kind of Line 7: Total (all) out Line 8: Name of bank	ts this period (page 2, li 1 plus line 2) litures this period (pance (line 3 minus line 4) contributions this peri	eport ne 11) nge 3, line 1 Od (page 4	\$_ \$_ \$_ 4) \$_ \$_	316.7 250.0 566.79	9 20 7
Affidavit of Committee Treasurer: I certify that I have examined this report including attationance activity, including all contributions, loans, receivant campaign finance activity of all persons acting under the Treasurer's signature (in ink)	ints, expenditures, disbursements, in-ki	ind contribution ttee in accordan	is and liabilit	ies for this reportin	B become som tebresers me
FOR CANDIDA	ATE FILINGS ONLY:	CANDIDATE	MUST SIC	N BELOW)	
Affidavit of Candidate: (check 1 box only)  A Candidate with Committee and no activity indep I certify that I have examined this report including atta finance activity, of all persons acting under the authoric contributions, incurred any liabilities nor made any exp Candidate without Committee OR Candidate wit I certify that I have examined this report including atta finance activity, including contributions, loans, receipt campaign finance activity of all persons acting under the Si	ched schedules and it is, to the best of ity or on behalf of this committee in a senditures on my behalf during this rep- tth Independent activity filling separa- iched schedules and it is, to the best of the experditures dishursements, in-kin	ccordance with orting period, ate report my knowledge d contributions ittee in accorda	and belief, a	ents of M.C.L. C. 3  true and complete s for this reporting	statement of all campaign

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# 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 liemize 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	Name and Residential Address (alphabetical listing required)	i)		Occupation & Employer (for contributions of \$200 or more)
11/12	Linda Mc Hugh Flora D'Angio	200	00	mother
11/12	Flora D'Angio	50	_	
				·
	· · · · · · · · · · · · · · · · · · ·			
Line 9:	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
	TOTAL RECEIPTS IN THE PERIOD	250	$\infty$	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.

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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.

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.

umber on each  Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
•				
1				
			,	
		I in a l	2: Expenditures over \$50	
			3: Expenditures \$50 and under*	
F	Enter on page 1, line 4		14:TOTAL EXPENDITURES	

<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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Y E		
7) 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
:				-
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<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.

## 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
			<del>                                     </del>
E	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

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.

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