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Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2011 OCT 31

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File	with

	Other or Combartes and Louises Literace	A 8: 57
Massachuetts		RECORDED
ile with: City or Town Clerk or Election Commission		
	se print or type all information, except signatures.	•
Fill in dates: Reporting Period Beginning SEpt	3 2011 Ending CC	7 21 7011
Type of report: (Check one) ☐8th day preceding preliminary 8th	a day preceding election 30 day after election	☐year-end report ☐dissolution
Full Name of Candidate (if appl DANIEL P. ROMAR Office Sought and Distric Councillor - WARD I Residential Address J91 Dale St. WALTH	icable) Levin L. H Name of Committee N Committee N	MARD COMM stee Name ART mittee Treasurer Wal Hum Mailing Address Tel. No. (optional)
Line 1: Ending bal Line 2: Total receip Line 3: Subtotal (line 4: Total expert Line 5: Ending bal Line 6: Total in-kind	ance (line 3 minus line 4) d contributions this period (page 4) utstanding liabilities (page 4)	: \$_3856.03 \$ \$_3856.03 \$ \$_3856.03 \$ \$
	uttached schedules and it is, to the best of my knowledge and bel eccipts, expenditures, disbursements, in-kind contributions and li- the authority or on behalf of this committee in accordance with Signed under the penalties of perjury:	
FOR CANDII	DATE FILINGS ONLY: (CANDIDATE MUST	SIGN BELOW)
contributions, incurred any liabilities nor made any c Candidate without Committee OR Candidate I certify that I have examined this report including a finance activity, including contributions, loans, rece	attached schedules and it is, to the best of my knowledge and bel nority or on behalf of this committee in accordance with the requestion on my behalf during this reporting period.	life, a true and complete statement of all campaign

vit of Candidate: (check 1 box only)
didate with Committee and no activity independent of the committee
y that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirement of M.C. 1.5.5. The property of M.C. 1.5.5.
utions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Ididate without Committee OR Candidate with independent activity filing separate report.
y that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 35.
Signed under the penalties of perjury:
date signature (in ink) Date

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 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

Date Received		Name and Resid (alphabetical lis	lential Address ting required)		Am	ount	Occupation & Employer (for contributions of \$200 or more
							or \$200 or more
					•		
					· ·		
	<u> </u>						
					ĺ		
		•					
		•		-			
Line 9: To	otal rec	ceipts in excess of \$5	0 (or listed above)		a		
Line 10: To	otal rec	ceipts \$50 and under	(not listed above)		0	_	
ane 11: 10	UIAL	RECEIPTS IN TH	IE 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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
					T
				<u>.</u>	
					-
				-	
<u> </u>		Line 12	Expenditures over \$50		
			Expenditures \$50 and under*	-	· · ·
En	nter on page 1, line 4 nized expenditures of \$50 and unc	Line 14	TOTAL EVERNING	-	

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

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	0
	_	Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	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.

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
			·	
				·
	,			
	·			
	Enter on page 1, line 7	Line 18: OUTSTANDING	G 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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