

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance 2 P 2: 19

RECORDED

File with:

City or Town Clerk or Election Commission

9/10/2011

Reporting Period - Beginning:

1/1/2011

Ending: 9/2/2011

Type of report: Pre-primary

Stephen Rourke	Committee to Elect Stephen F. Rourke	
Full Name of Candidate	Committee Name	
City Councillor	Susan Chebookjian	
Office Sought/ District	Name of Committee Treasurer	
36 Riverview Avenue Waltham, MA 02453	24 Mallard Way	
	Waltham, MA 02452	
Residential Address	Committee Address	

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$3,235.38
Total receipts this period:	\$0.00
Subtotal:	\$3,235.38
Total expenditures this period:	\$20.00
Ending Balance:	\$3,215.38
Total in-kind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of bank(s) used: Citizens Bank	40.00

Affidavit of Committee Treasurer:

I certify 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 finance activity including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the

Signed under the penalties of perjury:

Treasurer's signature (in ink)

September 10, 2011
Date

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, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign 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. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the

Signed under the penalties of perjury:

Systale 11, 2011

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.

Date	Name and Residential Address	Amount	Occupation and Employer
	aized Receipts cemized Receipts cipts	\$0.00 \$0.00 \$0.00	

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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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount Purpose
Total Item	ized Expenditures	\$0.00
Total Unit	emized Expenditures	\$20.00
Total Expe	nditures	\$20.00

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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date Name and Residen	tial Address	Value	Description Occupation/Employer
Total Itemized In-kind Controval Unitemized In-kind Controval In-kind Contributions	ntributions	\$0.00 \$0 .00 \$0 .00	

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M.G.L. 5. 55 requires committees to report ALL instructions which have report experience of the control of the

Date To Whom Dud

Amount Pripose

Total Outstanding Liabilities

\$0.00