

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance FILE COPY

lettuneernalik Massachusetts		,	
ile with: Dity or Town Clerk or Election Commission			
	all information, except signal	itures.	
Fill in dates: Reporting Period Beginning Dec Ol	Year	Month Date DIC 31	Year NO 11 2012
Type of-report: (Check one) ☐8th day preceding preliminary ☐8th day preceding	g election □30 day after ele	ection Dyear-end re	port []dissolution
Full Name of Candidate (if applicable) Office Sought and District OFFICE AND TOPE Residential Address OFFICE AND TOPE Tel. No. (option:	RACIA Name of SCMP Commi	Committee Name LIMBIE O Committee Treasurer OS LOFF ittee Mailing Address Tel.	No. (optional)
SUMMARY B Line 1: Ending balance from Line 2: Total receipts this per Line 3: Subtotal (line 1 plus line) Line 4: Total expenditures to Line 5: Ending balance (line 3) Line 6: Total in-kind contribut Line 7: Total (all) outstanding Line 8: Name of bank(s) used	eriod (page 2, line 11) 2) his period (page 3, line 14) minus line 4) tions this period (page 4) liabilities (page 4)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules finance activity, including all contributions, loans, receipts, expenditur campaign finance activity of all persons acting under the authority or contributions. Signed und			

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 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 filling separate report 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 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 requirements of M.G.L. c. 55. Signed under the penalties of perjury: Candidate signature (in ink) Date
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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)		
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Line 9: Tota	l receipts in excess of \$50 (or listed above)					
Line 10: Tota	l receipts \$50 and under* (not listed above)		<u> </u>			
Line 11: TO	FAL RECEIPTS IN THE PERIOD mized receipts of \$50 and under include them in			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)	id To Whom Paid Address	Address	Purpose of Expenditure	Amount	
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			2: Expenditures over \$50		•
E	nter on page 1, line 4		3: Expenditures \$50 and under* 4:TOTAL EXPENDITURES		

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

^{*} 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
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	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.