

Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/1/2020	Ending Date: 12/31/2020			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election 30 day	y after election 🔀 year-end report 🗌 dissolution			
11775 (57.635	275 65477 6000			
Candidate Full Name (if applicable)	COMMITTEE COMMITTEE			
WARD COUNCILLOR WARD I	VINA LIN CLOWIN			
Office Sought and District SO JENNINGS COAD, WALTHAM SO	Name of Committee Treasurer JENNINGS RD WATHAM			
Residential Addréss E-mail: L1221E@L1221EGEUES. COM ' E-mail:	Committee Mailing Address WWN 1 Mail COM.			
	(optional):			
SUMMARY BALANCE INFO	RMATION:			
Line 1: Ending Balance from previous report	\$2,934.00			
Line 2: Total receipts this period (page 3, line 11)				
Line 3: Subtotal (line 1 plus line 2)	\$2,934.00 5			
Line 4: Total expenditures this period (page 5, line 14)	Ø FFE D SEE			
Line 5: Ending Balance (line 3 minus line 4)	\$2934.00			
Line 6: Total in-kind contributions this period (page 6)	Ø			
Line 7: Total (all) outstanding liabilities (page 7)	Ø			
Line 8: Name of bank(s) used: Water town Sau	ingsbank			
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 requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: Date:				
Candidate with 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 that are not otherwise disclosed in this report. Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.				

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
·			
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
Line II: TUTAL I	RECEIPTS IN THE PERIOD		☐ Enter on page 1, line 2

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← 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.

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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1					
		1 d d d d d d d d d d d d d d d d d d d			
		Line 12: Total Expenditures ov	ver \$50 (or listed above)		
		T : 12. T-4-1 F 1:4 054	0 and mydowk (mat listed above)		
		Line 13: Total Expenditures \$50	o and under (not listed above)		
	Finter on nage 1 line A →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
	Enter on page 1, time 4	Zano III. I O I ALI ZANI DA I DI I	UZZZY ZI Z ZZZZ Z ZZZZY Z	L	

Date Paid	To Whom Paid (alphabetical listing)	Address	e Amount	
			·	
Line 12: Expenditures over \$50 (or listed above)				
		Line 13: Expenditures \$50 and t	under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	

	1001				

The state of the s					
	•				
		Line 15: In-Kind Contribution	ons over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
		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

M.O.D. c. 22 requires comminees to report ADD thousands which have occurrentled previously that are sun outstanding, as wen as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		Line 18: TOTAL OUTSTAND		

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