tassachusette			ign and Political Finance	RE	ANT 110
ry or Town Clerk o	r Election Commission	Please print or type all i	nformation, except signati		
Fill in dates: Reporting Per		Dete	······································	onth Date O	1 2070
Type of repo	rt: (Check one) ceding preliminary [∃8th day preceding elec	tion 30 day after elec	tion Uyear-end report	C dissolu
Waitho	Il Name of Candidate (if am Schoul C Office Sought and Di edford ST: 1 Residential Addre	applicable) <u>ommittee</u> strict Vaitham MA	Cor Ann Ber Name of C 93 Bed ford	elect STephen Ro nmittee Name 91n Committee Treasurer ST. Wattham MA ee Mailing Address 0245 Tel. No. (opt	53
$\overline{}$			NCE INFORMATIO		
	Line 3: Subtotal Line 4: Total ex Line 5: Ending Line 6: Total in-H Line 7: Total (all	penditures this p balance (line 3 minu cind contributions) outstanding liab:	eriod (page 3, line 14) s line 4) this period (page 4)	\$ <u>213.31</u> \$ <u>00.00</u> \$ <u>213.31</u> \$ <u>00.00</u> \$ <u>213.31</u> \$ <u>213.31</u> \$ <u>5</u> \$ <u>5</u> \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
I certify that I hat finance activity, i	activity of all persons acting the section of the s	under the authority or on behalf		t belief, a true and complete statem id liabilities for this reporting period with the requirements of M.G.L. c. 5	
A reasoner a sign				Date	
		DIDATE FILINGS	ONLY: (CANDIDATE M	UST SIGN BELOW)	
Candidate wi I certify that I ha finance activity, contributions, ins Candidate w I certify that I ha finance activity,	we examined this report inclu- of all persons acting under the curred any liabilities nor made lithout Committee <u>OR</u> Candi we examined this report inclu- including contributions, loans	any expenditures on my behalf idate with independent activit ling attached schedules and it is receipts, expenditures distant	s, to the best of my knowledge and committee in accordance with the s during this reporting period. y filing separate report s, to the best of my knowledge and sements include contributions and	belief, a true and complete stateme requirements of M.G.L. c. 55. I hav belief, a true and complete stateme liabilities for this reporting period with the requirements of M.G.L. c. 5	nt of all can

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.

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 Residential Address (alphabetical listing required)	Ar	nount	Occupation & Employer (for contributions of \$200 or more
· · · · · · · · · · · ·				Contractions of \$200 or more
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<u> </u>				
ine 9: Tota	al receipts in excess of \$50 (or listed above)			
ine 10: Tota	Il receipts \$50 and under* (not listed above)			
ine 11: 101	TAL RECEIPTS IN THE PERIOD mized receipts of \$50 and under include them in li	00	00 H	Enter on page 1, line 2

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

	To Whom Paid (alphabetical listing)	Address		Purpose of Expenditur	e A	moun
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		ĭ;	a 12. E	vnondia		
		I.II.	a 12. F	xpenditures over \$50		
Ente	er on page 1, line 4	Lin	e 13: E:	xpenditures \$50 and under* OTAL EXPENDITURES	00	00

*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		00.00	

* 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	LIABILITIES (ALL)	00.00

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. Page 4