

# Form CPF M 102: Campaign Finance Report **Municipal Form** Office of Campaign and Political Finance ITY CLERK'S OFFICE

of Massachu	The state of the s	File with: City or Town Clerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date: 12-	-31-17 Ending Date: REGISTAND -18
Type of	Report: (Check one)	
our da	y preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Mat	thew J. Waddick	CTE Matt Waddick
1	Candidate Full Name (if applicable)	Committee Name
_ C	ouncilor Ward 1	Mary W. Rosen
	Office Sought and District	Name of Committee Treasurer
282	Forest Street	129 Harrington Rd.
	Residential Address	Committee Mailing Address
Telephone N	Jumber (optional): (781) 413-4111	Telephone Number (optional): (781) 775 - 9350
	SUMMARY BALANC	CE INFORMATION.
		CE INFORMATION:
	Line 1: Ending Balance from previous report	2,553.38
	Line 2: Total receipts this period (page 2, line 11	)
	Line 3: Subtotal (line 1 plus line 2)	2,553.38
	Line 4: Total expenditures this period (page 3, lin	ne 14) O
	Line 5: Ending Balance (line 3 minus line 4)	2,553.38
	Line 6: Total in-kind contributions this period (p	age 4)
	Line 7: Total (all) outstanding liabilities (page 4)	
	Line 8: Name of bank(s) used:	nk of America
I certify that I activity, including finance activity	Committee Treasurer: I have examined this report including attached schedules and it is, to the best ding all contributions, loans, receipts, expenditures, disbursements, in-kind ty of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	st of my knowledge and belief, a true and complete statement of all campaign finance denotes and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candida I certify t	te with Committee that I have examined this report including attached schedules and it is, to the	he best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions.
I certify t	te without Committee that I have examined this report including attached schedules and it is, to the ctivity, including contributions, loans, receipts, expenditures, disbursements	te best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the

# I certify that I have examined this report including attached schedules and it is, to use best of my and including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents 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. (Candidate's signature) Date: Signed under the penalties of perjury:

### 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.

(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 Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
	( particular of the second of		(101 contributions of \$200 of more)
			Some of the second second
ine 9: Total Receip	ots over \$50 (or listed above)	0:00	
ine 10: Total Recei	pts \$50 and under* (not listed above)	0.00	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		6 F-1
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0,00	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **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.

(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.)

eport all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
四层在井					
The sint					
		Short and the state of			
				***************************************	
		Line 12: Total Expenditures over \$50 (or listed above)		0.07	
		2. Total Experiences over \$50 (or instead above)		-	
		Line 13: Total Expenditures \$50 and under* (not listed above)		0.00	
	P	Line 14. TOTAL EXPENSE	UDEC IN THE DEDICE	a Dr	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT		0.00	

<sup>\*</sup> 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 on page 1.

Date Received	From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
Y.T.C				
* 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.		Line 15: In-Kind Contributions	over \$50 (or listed above)	0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.00
	zmer on page 1, line o			0.00

# 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: TOTAL OUTSTANDING LIABILIT				0.00