

Form CPF M 102: Campaign Finance Reports Classes CERTOR Municipal Form

2018 TEH-9 D 17: 11

	Office of Campaign	and Political Finance		<i>&</i> 14
ri a a a a colomo de tra			RECORDED	<u>j</u>
e with: ty or Town Clerk or Election Commission Pleas	se print or type all info	ormation, except signatures.		
Fill in dates: Month Reporting Period Beginning /	Dute Xear	13 Ending S	Date 36 28	Yeu // 3
Type of report: (Check one)	a day preceding election	on □30 day after election	u □year-end report	dissolution
MIGHELE R KOS Full Name of Candidate (if app SCH-101 COMM	llicable)	. Comm	ittee Name	
Office Sought and Distri		Name of Com	mittee Treasurer	
Residential Address 6171755. 4970		Committee]	Mailing Address	-
,	Tel. No. (optional)		Tel. No. (optional)
Line 1: Ending bath Line 2: Total received Line 3: Subtotal (and Line 4: Total expending bath Line 5: Ending bath Line 5: Ending bath Line 6: Total in-kind Line 7: Total (all) Line 8: Name of bath L	lance from presipts this period ine 1 plus line 2) enditures this period in a minus of the contributions outstanding liable ank(s) used <u>Cit</u>	(page 2, line 11) eriod (page 3, line 14) s line 4) this period (page 4) lities (page 4) type Roale + s, to the best of my knowledge and ursements, in-kind contributions and fof this committee in accordance w	S 633.2 S 8 8 S 633.12 S 8 8 S 633.12 S 633.12 S 64 S 65 S 65 Conclusion to	tatement of all campaign
Treasurer's signature (in ink)			Date	
FOR CANI	DIDATE FILINGS	ONLY: (CANDIDATE MI	UST 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 campai
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 a
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
M Candidate without Committee OR Candidate with independent activity filling separate report
A 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 campa
finance activity, 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.
Signed under the penaltiles 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.

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	(buenetical fightis (confilent		unt	Occupation & Employer (for contributions of \$200 or more)	
į.	MICHELE RIKOSBOTA 58 FLOLENCE RD WACTHAM	633	12	CANDIDATE COAN TO	

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		-		-	
-	•				
•					
Line 9:	Total receipts in excess of \$50 (or listed above)	633	12	,	
Line 10:	Total receipts \$50 and under* (not listed above)	1000	 	,	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	û33	12	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

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoı	ınt
8/9/13	31505	75 THIRD AVE NACHHAM MA	CAMPAIGN SILVS	577	94
8/21/13	VISTA-PRINT	95 HAYDGN AVE LEXNOTONMA	CAMPAILN SILVIS MAGNETIC CAR	55	18
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	,				<u> </u>
			: Expenditures over \$50	633	12
	Enter on page 1, line 4		: Expenditures \$50 and under* 4:TOTAL EXPENDITURES		<u> </u>

clude them in line 12. Line 13 should include only those expenditures not

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	125

^{*} 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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				·
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	,			
			·	
	Enter on page 1, line 7	Line 18: OUTSTANDIN	G LIABILITIES (ALL)	1 Dr