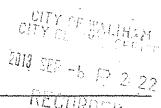


e Report



| | Form CPF M 102: Campaign Finance Municipal Form Office of Campaign and Political Finance |
|--|--|
| Commonwealth of Massachusotts | |
| File with: City or Town Clerk or Election Commis | sion |

| | 100 mars 100 |
|--|--|
| e with: ty or Town Clerk or Election Commission Please print or type all information, except signatures. | RECURDED |
| Fill in dates: Reporting Period Beginning Date Year Month Month | 30 Jo13 |
| Type of-report: (Check one) 8th day preceding preliminary □8th day preceding election □30 day after election □ye | ar-end report |
| Lisa Limonciello Full Name of Candidate (if applicable) School Committee Name of C | Cincotto Creasurer St. |
| SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used ROCKION WOOD | 506.79 306.79 |
| 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 tree finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requestion of perjury: Signed under the penalties of perjury: | for this reporting period and represents the |
| 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 tr finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirement 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 tr finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the reconstruction of the persons acting under the penalties of perjury: Candidate signature (in ink) | is of M.G.L. c. 55. I have not received any rue and complete statement of all campaign for this reporting period and represents the |

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) | Amount | | Occupation & Employer (for contributions of \$200 or more) | |
|------------------|--|---------|---|--|--|
| | | | T | the state of several or more | |
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| i 0- 7 | | | • | | |
| Line 9: To | tal receipts in excess of \$50 (or listed above) | | | | |
| Line 10: To | tal receipts \$50 and under* (not listed above) | | | | |
| ine 11. TC | TAL RECEIPTS IN THE PERIOD | $-\sim$ | | • | |

^{*} 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) | Address | Purpose of Expenditure | Amour | - |
|---------------------------------------|--|---------|--|-------|-------------|
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| | | lina 17 | Funoa d'a | | •••• |
| | | Line 12 | Expenditures over \$50 Expenditures \$50 and under* | | |
| Er | iter on page 1, line 4 | T 1 | 4:TOTAL EXPENDITURES 12. Line 13 should include only the | | |

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not 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 |
|-----------------------------|-------------------------|---------------------------------------|--------------------------------------|-------|
| | | | | · · |
| THE COURSE OF THE COURSE OF | | | | |
| | | | | |
| - | | | | |
| | | | In-kind over \$50 | |
| | Enter on page 1, line 6 | · · · · · · · · · · · · · · · · · · · | In-kind \$50 and under Total In-kind | 10 |

^{*} 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 | Furpose | Amount |
|------------------|-------------------------|----------------------|-------------------|--------|
| | · | | | |
| | | | | |
| | | | | |
| | : | | | 1 |
| • | | | | 0 |
| • | 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