Commonwealth

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Municipal Form

Office of Campaign and Political Finance

Commonwe of Massachus				File with:	True or Town Al	k or Election Commissio
Fill in Re	eporting Period dates: Beginning Date: 9-	3-2019	Ending		1-21-2020	Z/A
Type of	Report: (Check one)				- UN	50
8th day	y preceding preliminary 8th day preceding election	☐ 30 da	y after election	x yea	r-end report	dissolution
Amy Frie		Comr	nittee To Elect Ar	ny Friedm	an	
	Candidate Full Name (if applicable)	Committee Name				
School C	ommittee Ward 8 Malden, Massachusetts Office Sought and District	Bruce Friedman Name of Committee Treasurer				
8 Marvin	Street Malden MA 02148	8 Mar	۱۹۵ vin Street Malder			
0 1101 1111	Residential Address	- O Mai				
E-mail:	amy@amyandbruce.com	Committee Mailing Address E-mail: ab@armyandbruce.com				ń
Phone # (opti		- -	optional):		617 952 318	
	SUMMARY BALAN	CE INFO	RMATION:			
	Line 1: Ending Balance from previous report				67.00	
	Line 2: Total receipts this period (page 3, line 11)			2226.1	1
	Line 3: Subtotal (line 1 plus line 2)				2293.1	1
	Line 4: Total expenditures this period (page 5, line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 7) Line 7: Total (all) outstanding liabilities (page 7)				2281.1	1
					12.00	
-					0.00	
					0.00	
**	Line 8: Name of bank(s) used: Eagle Bank Everet	t MA				
I certify that I activity, including the finance activity Signed under	Committee Treasurer: have examined this report including attached schedules and this, to the besting all contributions, loans, receipts, expenditures, disbursements, in-kind y of all persons acting under the authority or on behalf of this committee in the penalties of perjury: DIDATE FILINGS ONLY: Affidavit of sandidate: (check 1 be	contributions accordance v	and liabilities for this	reporting po of M.G.L. c.	eriod and represen	Il campaign finance its the campaign
I certify the activity, of incurred activity.	te with Committee that I have examined this report including attached schedules and it is, to the fall persons acting under the authority or on behalf of this committee in ac- tiny liabilities nor made any expenditures on my behalf during this reporting the without Committee that I have examined this report including attached schedules and it is, to the	ccordance with g period that a	the requirements of re not otherwise discl	M.G.L. c, 55 losed in this	5. I have not recei report.	ived any contributions,
finance ac	the nenalties of nerinry:	s, in-kind cont is candidate in	ributions and liabiliti accordance with the	es for this re requirement	porting period and sof M.G.L. c. 55,	frepresents the
iøned under	the negalties of neriury:	- (» ». ~	(Candidate's	(signature)		1

CAR RESERVED FOR FOREST PARTY CONTRACTOR OF STREET

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/22/2019	Bruce Friedman	28.00	
9/6/2019	Bruce Friedman	2198.11	Architect Engineer Partners Healthcare
Line 9: Total Receipts over \$50 (or listed above)		2198.11	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	28.00	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	2226.11	← 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.

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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.)

D.7. D.11	To Whom Paid	4.33	D.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
8/22/2019	Staples	165 Middlesex Avenue Somerville, MA 02145	Nametags	28.00
8/30/2019	Eagle Bank	350 Broadway Everett MA 02149	Paper Statement fee and service charge	11.00
9/6/2019	Thriftco Printing	56 Pulaski Street Peabody, MA 01960	Campaign Brochure, Mailing and Yard Signs	2198.11
9/30/2019	Eagle Bank	350 Broadway Everett MA 02149	paper statement fee and service charge	11.00
10/31/2019	Eagle Bank	350 Broadway Street Everett, MA 02149	Paper Statement fee and service charge	11.00
11/29/2019	Eagle Bank	350 Broadway Street Everett, MA 02149	Paper Statement fee and service charge	11.00
12/31/2019	Eagle Bank	350 Broadway Everett MA 02149	paper statement fee and service charge	11.00
		Line 12: Total Expenditures over \$50 (or listed above)		2281.11
		Line 13: Total Expenditures \$5	60 and under* (not listed above)	THE STATE OF THE S
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES 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

SCHEDULE A: RECEIP 18 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9-3-2019	Bruce Friedman 8 Marvin Street Malden , MA 02148	2198.11	Architect Engineer Partners Healthcare
			·
Line 9: Total Receip	ots over \$50 (or listed above)	2198.11	,
Line 10: Total Recei	pts \$50 and under* (not listed above)	28.00	
	ECEIPTS IN THE PERIOD	LJ	← 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.