

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

or imassachuseus	
IF III III KENOTONG Period datee   Desiming Date   // 4.5 25.4	wn Clerk or Election Commiss
Type of Report: (Check one)	
8th day preceding preliminary 28th day preceding election 30 day after election year-end re	port  dissolution
NEL C. KINNON	
Candidate Full Name (if applicable)	
Committee Name	
CITY COUNCILLOR WAND MALDEN COMMITTER TO EL	UT NEIL KINNO
Office Sought and District Name of Committee Trea	
IL SPRICE ST MACHEN, MA ROBERT FOLEY	
Residential Address Committee Mailing Address	ress
Tolonhone Number (1915)	
Telephone Number (optional):	<del></del>
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 1: Ending Balance from previous report  2 271. 40  Line 2: Total receipts this period (page 3, line 11)  500, 003	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14) / 590 .82	
Line 5: Ending Balance (line 3 minus line 4)  1250 55	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: CITIZENS BANK	
fildavit of Committee Treasurer: 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 statemen stivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and repnance activity of all persons acting under the authority of an behalf of this committee in accordance with the requirements of M.G.L. c. 55.  [Treasurer's signature]  [Treasurer's signature]	presents the campaign
(Treasurer's Signature)	" 1/24//
OR CANDIDATE FILINGS ONLY: 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 state 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 incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ment of all campaign finance received any contributions,
Candidate without Committee OR Candidate with independent activity filing 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 true and complete states finance activity, including contributions, loans, receipts, expenditures, dishumements, in-kind contributions and liabilities for this reporting period 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.  Condidates algorithm.  Date:	ment of all campaign d and represents the c. 55.

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	7		
DCT 2015	NEIL KINNON	500	COTY COUNCION
ine 9: Total Receipts	over \$50 (or listed above)		
	\$50 and under* (not listed above)	2082	
,	EIPTS IN THE PERIOD	500	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 (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
AUC 2018	ADVOCATE PANS	BIORDURN ENRATTUR	CAMPMIGN ADV.	1500		
				·		
<u> </u>	Line 12: Expenditures over \$50 (or listed above)		1500,00			
Line 13: Expenditures \$50 and under* (not listed above)			20.82			
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD  15.20.83  If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized.					

<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.

## 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
Paren ous will	NEIL KINNOW	11 8 PAUL ST MALIDER WA	LUAN TO STIF COMMITTAL	24,029.6
	Enter on page 1, line $7 \rightarrow Li$	ne 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	