



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: JAN 1 2016 Ending Date: DEC 31, 2016

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

NEIL C KINNON
Candidate Full Name (if applicable)

CITY COUNCILOR WARD 6 MALDEN
Office Sought and District

11 SPRUCE ST MALDEN MA
Residential Address

Telephone Number (optional): _____

Committee Name

COMMITTEE TO ELECT NEIL KINNON
Name of Committee Treasurer

ROBERT FOLEY
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1256.58</u>
Line 2: Total receipts this period (page 3, line 11)	<u>100.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1256.58</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1169.28</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>80.30</u>
Line 6: Total in-kind contributions this period (page 6)	_____
Line 7: Total (all) outstanding liabilities (page 7)	<u>21,029.68</u>
Line 8: Name of bank(s) used:	<u>CITIZEN'S BANK</u>

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 true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the 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 penalties of perjury: [Signature] (Treasurer's signature) Date: 1/20/17

FOR 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 statement of all 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

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 statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the 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 penalties of perjury: [Signature] (Candidate's signature) Date: 1/20/2017

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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Oct 2016	MAY'S CAFE	367 MAIN ST MIDFORD MA	630 SALAM ST. ST. FUNCTION	850.00
11/8	MEAL POUCH	62 PAUL ST STONINGTON MA	630 SALAM ST. FUNCTION	200.00
MONTHLY FEES 12 MONTHS	CITIZENS BANK	P.O. BOX 700 RI 02940	\$0.99 BANK FEE MONTHLY - JAN	119.88
Line 12: Total Expenditures over \$50 (or listed above)				1,169.88
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1,169.88

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

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
See Previous Schedule	NEIL KINNOR	11 SPARKS ST MALDEN	21,029.28 LOAN	21,029.68
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				