

Form CPF M 102: Campaign Finance Report Municipal Form of Omice of Campaign and Political Finance

File	with:	

City or Town Clerk or Election Commission

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Trease print of type an information, except signatures, SC
Till in dates: Month Date Year Leporting Period Beginning TAW 1 ZOII Ending Month CLERENS OFFICE TAY LOFATHASS ZOII
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election ☐year-end report ☐dissolution
Full Name of Candidate (If applicable) COUNCILLON WAND SIX Office Sought and District Name of Committee Name MAUTIN Residential Address Tel. No. (optional) Committee To Euch Neil Kanne Committee Name MAUTIN Name of Committee Treasurer Name of Committee Mailing Address Committee Mailing Address Tel. No. (optional)
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 CITIEN'S BAUK
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:
Treasurer's signature (in ink)
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 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.O.L. c. 55. I have not received my 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 represent the campaign finance activity fif 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: Candidate signature (myink) Date

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 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 ceived	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)			
		,			<u></u>		
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					-		
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			-				
Line 9	7: Total receipts in excess of \$50 (or listed above)						
Line	10: Total receipts \$50 and under* (not listed above)						
Line	11: TOTAL RECEIPTS IN THE PERIOD			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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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

ate Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	Amount	
					-	
7-30	B5'5	NEVER	Supplies For	75	16	
7-70	BI'S	Mavana	F STNON FUNCTION	82	83	
706 16, 2011	ALL SET ALESS	121 MADISON ST. MALDEN	CAMPAIGN YAND SIGNS	650 733	63 73	
7-29	Citusmas Tua	177 MIDPLESIK AUG SCHELVILL	SUPPLIES 630 54 com Fixeron	53	<u>\$</u> `\$``	
7-30	MARKET BASIET	MA	ι	235	33	
730	MADIENOD MEAT HAMIST	11 MADILLES	A 12 11	218	40	
	CITIZENS BANK	forks	FEES	27	01	
· · · · · · · · · · · · · · · · · · ·						
					 	
					- 7	
				-		
					+	
			ne 12: Expenditures over \$50	1359	5 9	
	Enter on page 1, line 4		ne 13: Expenditures \$50 and und ne 14:TOTAL EXPENDITURE		70	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. 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 R	eceived*	Reside	ential Add	iress	Description of Contribution		Value
; •	 			. •					
		<u>.</u>							
	<u> </u>								
•		·							
	<u> </u>	•		. :		T: 15			· .
		·	,			· · · · · · · · · · · · · · · · · · ·	In-kind over \$50 In-kind \$50 and under	· .	
	Ente	r on page 1,	line 6			Line 17	Total In-kind		

^{*} 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	
MANAIL 2007	NEIL KINNON	16 SPANCE ST	CAMPAIGU	2500	
7/30/11	NEIL FINNON	11 Sprucest	CLAMPAILN	\$4000	
<i>'</i> /					
			•		
·					
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$6500	

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.

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