



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Form

File with: City or Town Clerk or Election Committee

Fill in Reporting Period Dates: Beginning Date  Ending Date

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)  
  
 Office Sought and District  
  
 Residential Address  
 Telephone Number (Optional)

Committee Name  
  
 Name of Committee Treasurer  
  
 Committee Mailing Address  
 Telephone Number (Optional)

**SUMMARY BALANCE INFORMATION**

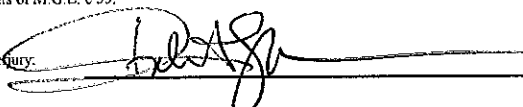
Line 1: Ending balance from previous report	\$ 1,764.33
Line 2: Total receipts this period (page 3, line 11)	\$ 500.00
Line 3: Subtotal (line 1 plus line 2)	\$ 2,264.33
Line 4: Total expenditures this period (page 5, line 14)	\$ 415.25
Line 5: Ending balance (line 3 minus line 4)	\$ 1,849.08
Line 6: Total in-kind contributions this period (page 6)	\$ -
Line 7: Total (all) outstanding liabilities (page 7)	\$ -
Line 8: Name of bank (s) used:	<input type="text" value="Citizen's Bank"/>

RECEIVED

CITY CLERK'S OFFICE  
CITY OF MALDEN, MASS.

**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 accounting period and represents the campaign finance activity of all persons under the authority or on the behalf of this committee in accordance with the requirements of M.G.L. c 55.

Signed under the penalties of perjury:  (Treasurer's Signature) Date:

### FOR CANDIDATE FILING ONLY: (Candidate must sign below)

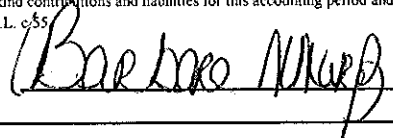
**Affidavit if Candidate: (check 1 box only)**

Candidate with committee and no activity independent of 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 under the authority or on the 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 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 all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this accounting period and represents the campaign finance activity of all persons under the authority or on the behalf of this committee in accordance with the requirements of M.G.L. c 55.

Signed under the penalties of perjury:  (Candidate's Signature) 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 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 the 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)
12/31/12	IUPAT District Council #35 25 Colgate Rd, Ste 305, Roslindale, MA 02131	\$ 500.00	IUPAT District Council #35
Line 9: Total receipts in excess of \$50 (or listed above)		\$ 500.00	
Line 10: Total receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS THIS PERIOD</b>		<b>\$ 500.00</b>	← Enter on page 1, line 2

\*If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should only include those receipts not itemized above.

## 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 the report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (Alphabetical Listing)	Address	Purpose of Expenditure	Amount
10/24/12	MALDEN HS ALUMNI ASSOC	PO BOX 47 MALDEN, MA 02148	NAME A SEAT DONATION	\$ 100.00
Line 12: Expenditures over \$50 (or listed above)				\$ 100.00
Line 13: Expenditures \$50 and under* (not listed above)				\$ 315.25
Enter on page 1, line 4 → <b>Line 14 : TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$ 415.25</b>

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

## SCHEDULE C: "IN-KIND" Contributions

Please Itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions of \$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
Line 15: In-Kind Contributions over \$50(or listed above)				\$ -
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 4 →	<b>Line 14 : TOTAL IN-KIND CONTRIBUTIONS</b>			\$ -

\* 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
Enter on page 1, line 7 → Line 18 : TOTAL OUTSTANDING LIABILITIES (ALL)				\$     -