

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance 020 JAH -7 AM 11: 19

or wassachusetts	File with Clay or Towns lark or Election Commission
Fill in Reporting Period dates: Beginning Date: [/-/	- 2019 Ending Date: 12-31-2019
Type of Report: (Check one)	
Sth day preceding multi-in-	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election 🔀 year-end report 🗌 dissolution
Man " " " " " " " " " " " " " " " " " " "	
MARTIN "MARTY" TREADUP	
Candidate Full Name (if applicable)	Committee Name
ASSESSOR-AT-LADOR	///
Office Sought and District	Name of Committee Tressurer
WITLICE W B (/ w)	- Tressurei
406 John ST New Bedford MA	
Residential Address 02740	Committee Mailing Address
Telephone Number (optional): 774-929-0179 Te	elephone Number (optional):
	- Copionalia
SUMMARY BALANCE II	NEODMATION
SOMMARY BALANCE I	NFORMATION:
Line 1: Ending Balance from previous report	(#7468.45)
Time 2. That I have been a second	
Line 2: Total receipts this period (page 3, line 11)	Ø
Line 3: Subtotal (line 1 plus line 2)	
	(7468.45)
Line 4: Total expenditures this period (page 5, line 14))
Line 5: Ending Balance (line 3 minus line 4)	
2. Ending Balance (line 3 minus line 4)	(7468.45)
Line 6: Total in-kind contributions this period (page 6)) &
No. 7 D. 14 D. A. H.	
Line 7: Total (all) outstanding liabilities (page 7)	(87293,73)
Line 8: Name of bank(s) used:	
Line 8: Name of bank(s) used: NONE	
Affidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is to the best of	knowledge and belief, a true and complete statement of all campaign finance
ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions acting under the authority or on behalf of this committee in accordance	utions and liabilities for this reporting period and represents the campaign
signed under the penalties of perjury:	ance with the requirements of M.G.L. c. 55.
	(Treasurer's signature) Date: 1/7 boso
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	f 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 incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ce with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate	
The column that I have examined this report including attached schedules and it is to the base of	Const. 1.4 11.4 11.4
campaign finance activity of all persons acting under the authority or on behalf of this comm	nittee in accordance with the requirements of M.G.L. c. 55.
igned under the penalties of perjury:	(Candidate's signature) Date: 1/7/2020

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 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)
	None		
Line 9: Total Recei	pts over \$50 (or listed above)	6	
Line 10: Total Recei	ipts \$50 and under* (not listed above)	Ø	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	Ø	← 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.

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
	4 /			
	NONE			
[]]				
		<u> </u>		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Line 12: Total Expenditures over \$50 (or listed above)		6		
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 =	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	6

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

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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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NONE			
Line 15: In-Kind Contributions over \$50 (or listed above)		Ø		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			d	

^{*} 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.

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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
1993	Mantin Manty Treadup	406 John ST NB MA 02740	LUAW TO CAMPAIGN	£38
1999	11 11	,, ,,	1. 11	6454
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			7293 73	