

# Form CPF M 102: Campaign Finance Report

## **Municipal Form**



Office of Campaign and Political Finance

2017 JAN 19 P 5: 25

			File with: City or Town Cler	k or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/1/2016	Ending I	Date: 12/31/2016	
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding elect	ion 30 day	after election	year-end report	dissolution
Lee Erica Palmer	Committee	ee to Elect Lee Pa		
Candidate Full Name (if applicable)	Karas Ga		Committee Name	
School Committee - Ward 3, Somerville  Office Sought and District	Karen Ga		me of Committee Treasurer	
17 Pitman Street, Somerville, MA 02143	17 Pitma	n Street, Somervil		
Residential Address			ommittee Mailing Address	
E-mail: Lee Évica Palner e gnail. com	E-mail:	KavenLo	ordner e gnail.	com
Phone # (optional): 7813301740	Phone # (c	ptional):	6175133296	
SUMMARY BAL	ANCE INFO	RMATION:		
Line 1: Ending Balance from previous report	rt		2445	.52
Line 2: Total receipts this period (page 3, lin	ne 11)		1275	.00
Line 3: Subtotal (line 1 plus line 2)			3720	.52
Line 4: Total expenditures this period (page	e 5, line 14)		719	.25
Line 5: Ending Balance (line 3 minus line 4	+)		3001	.27
Line 6: Total in-kind contributions this peri-	od (page 6)			0
Line 7: Total (all) outstanding liabilities (pa	age 7)		75	5.00
Line 8: Name of bank(s) used: East Cambridge	e Savings Bank			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to activity, including all contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this commodified under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it activity, of all persons acting under the authority or on behalf of this commit incurred any liabilities nor made any expenditures on my behalf during this incurred and it is activity. I certify that I have examined this report including attached schedules and it finance activity, including contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf campaign finance activity of all persons acting under the authority or on behalf campaign finance activity of all persons acting under the authority or on behalf campaign finance activity of all persons acting under the authority or on behalf campaign finance activity of all persons acting under the authority or on behalf campaign finance activity of all persons acting under the authority or on behalf campaign finance.	in-kind contributions mittee in accordance w leck 1 box only)  ee is, to the best of my k ttee in accordance with reporting period.  filing separate repor is, to the best of my k ursements, in-kind contributions	and liabilities for the ith the requirement.  (Treasurer the incoming the requirements of the requirements	is reporting period and repress of M.G.L. c. 55.  S signature)  Date:  G, a true and complete statement of M.G.L. c. 55. I have not received, a true and complete statement of the complete statement of	ent of all campaign finance ceived any contributions, ent of all campaign and represents the
Signed under the penalties of perjury:		(Candidate	Pate: Date:	1/17/17

#### **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.)

Name and Residential Address  Occupation & Employer					
Date Received	(alphabetical listing required)	Occupation & Employer			
Date Received		Amount	(for contributions of \$200 or more)		
12/19/16	Jean Palmer PO Box 218 Lincoln, MA 01773	1000.00	Vice President Hudson Services		
12/28/16	Teresa Schreitmueller 31 Mt. Vernon St. West Roxbury, MA 02132	100.00	IT Manager Harvard University		
Line 9: Total Rec	eipts over \$50 (or listed above)	1100.00			
Line 10: Total Rec	eeipts \$50 and under* (not listed above)	175.00			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1275.00	← 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 A: RECEIPTS (continued)**

D. ( P. )	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
ine 9: Total Rece	sipts over \$50 (or listed above)		
ine 10: Total Rec	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemize	d requires of \$50 and under include them in his		← 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**

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				
Date Paid	(alphabetical listing)	Address Purpose of Expenditure	Amount		
	See attached Schedule B				
	]				
	] [				
	] [				
	1				
		Line 12: Total Expenditures over \$50 (or listed above)	395.4		
		7 - 12 M - 17 - 27 - 27 - 27 - 27 - 27 - 27 - 27	1222300		
		Line 13: Total Expenditures \$50 and under* (not listed above)	323.8		

<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.

Page 4

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(spans trous assumption)		Turpose of Expenditure	7 mount
THE PERSON NAMED IN COLUMN TO SECURITION OF THE PERSON NAMED IN CO				
*				
		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 and	d under* (not listed above)	
		T. 44 mom ( ) TV TV TV TV	TURES IN THE PERIOD	

<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 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	s over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

<sup>\*</sup> 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.

Page 6

## **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
6/22/2016	OPENAIR Theater Inc.	342 Lowell St. Somerville, MA 02145	Program booklet ad (check was sent to organization but not deposited yet; will be in 2017)	75.00
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	75.00

#### SCHEDULE B: EXPENDITURES

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
2/20/2016	Committee to Elect Vira Douangmany	28 Tamarack Drive Amherst, MA 01002	Donation	100.00
3/21/2016	Somerville PTA Scholarship Fund	42 Cross Street Somerville, MA 02145	Donation/2 tickets for dinner dance	76.00
9/5/2016	Somerville Democratic City Committee	SDCC, c/o Jim Vetter, Fundraising Chair, 3 Moore St #1 Somerville, MA 02144	Donation for annual picnic	100.00
12/7/2016	DreamHost	PMB #257, 417 Associated Rd., Brea, CA 92821	Web hosting costs	119.40

 Line 12: Total Expenditures over \$50
 \$395.40

 Line 13: Total Expenditures \$50 and under
 \$323.85

 Line 14: TOTAL EXPENDITURES IN THE PERIOD
 \$719.25