

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

ELECTION DEPT.

ommonwealth Massachusetts	SUMERVI	LLE. MÁ
ile with: ity or Town Clerk or Election Commission Please print or type all information, except signatures.	2011 OCT 31	P 12: 09
Fill in dates: Month Date Year Month Reporting Period Beginning 1945+ 28 20// Ending 6ch	Date .	Year 24//
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election	☐year-end report	□dissolution
Office Sought and District NANCY L. Name of Comm	tee Name ARDOA ittee Treasurer EACOS S+ ailing Address	<u> </u>
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 winks this period (page 4)	34, 161	
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 campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and represents the campaign finance activity of all persons acting under the authority or on behalf of this comm M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink)	outions and liabilities for	this reporting period
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 statem	ent 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 statem	ent of all
campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting	ig period
and correspond the compaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the require	ments of

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:

Candidate signature (in ink)

Date 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.

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.

Line 9: Total receipts in excess of \$50 (or listed above) Line 10: Total receipts \$50 and under* (not listed above)	Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)		
	<u> </u>						
					,		
	· ·						
Line 10: Total receipts \$50 and under* (not listed above)	. • • <u> </u>			Ó			
Line 11: TOTAL RECEIPTS IN THE PERIOD Enter on page 1, line 2	 ′			9	Parton on mood 1 12-2		

^{*} 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.

This page may be copied 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	
90/7/11	An thon Clarge Menorial	Fund	Donation	120	
9/14/11	Medford Sons of Trally		Donation Donation	100	
9/1/11	Somewille Rotay Club		AD	150	
				-	
-					
			xpenditures over \$50	510	
En	ter on page 1, line 4		xpenditures \$50 and under* OTAL EXPENDITURES	370 -	

^{*}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.

Date Received	From .	Whom	Received	1*	Residen	tial Ad	ldress	Description of Contribution	Valu
							· · · ·		
									
	_		1				:		
									-
	· <u> </u>				· · · · · · · · · · · · · · · · · · ·		7. 15	T 1-1 1 050	
	•			_				In-kind over \$50	
				•	•		Line 16:	In-kind \$50 and under	
	Enter or	n 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
	manyrow Heuston	115 Beken St.	Loan to Cayperan	\$85
			· .	
	1			· · · · · · · · · · · · · · · · · · ·
	,			
				+
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	7865

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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