

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

Fill in Reporting Period dates: Beginning Date: CCT 97, 3015 Ending Date: DEC, 31, 3015	OHIHESSION
Type of Report: (Check one) City CLERK'S OFFICE MALDEN, MASS.	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolu	tion
CATERINE BORDONANO Candidate Full Name (if applicable) Commettee OF CATHERINE BORDONAN Committee Name	10
Office Sought and District ROBERT BORDON AND Name of Committee Treasurer	
20 Wyeth ST. MALDEN, MA 03148 Residential Address 17 EANLEY NO. PEABOOY MA 019 Committee Mailing Address	60
Telephone Number (optional): Telephone Number (optional): 617-839-2969	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	e de la composition della comp
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4) 836.35	
Line 6: Total in-kind contributions this period (page 6)	٠.
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: CENTURY BANK	Z#
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 fin 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 the committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: / - / 8 - / 6	n
FOR 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 my knowledge and belief, a true and complete statement of all campaig 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 contributories and liabilities nor made any expenditures on my behalf during this reporting period.	n finance butions,
Candidate without Committee <u>OR</u> 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 campaig finance activity, including 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 of behalf of this committee in accordance with the requirements of M.G.L. c. 55.	n >
Signed under the penalties of perjury: (Candidate's signature) Date: 1.18.	16

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)
10.28.15	BIARITTEKT SEBAPTION 85 HAMMERSMITH DR. SAUGUS, MA 01906	100.00	
11-3-15	CASHMAN, GEOLGE W. 130 PROSPECT AVE. REVERE, MA. 02151	100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	200.00	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	200,00	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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			Tentri .
ine 9: Total Recei	pts over \$50 (or listed above)	200.00	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	200.00	← Enter on page 1, line 2
		L	Id include only those receipts not itemized above

^{*} 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.)

	To Whom Paid To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
11:3:15	BROTHER'S ROAST BEEF	986 EASTERN AVE MALDEN, MA 02148	ELECTEDN LUNCHEON	83.09	
				T-Air-	
		Line 12: Total Expenditures ove	r \$50 (or listed above)	83.09	
Line 13: Total Expenditures \$50 and under* (not listed above)			0		
		Line 14: TOTAL EXPENDITU		83.09	

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Dunness of Erman diame	A4
Date Faid	(aiphabeteat listing)	Address	Purpose of Expenditure	Amount
			*** *** *** *** ** ** ** ** **	
1				
				1
		T T T T T T T T T T T T T T T T T T T		
				7,
		Line 12: Expenditures over \$50	(or listed above)	83.09
Line 13: Expenditures \$50 and under* (not listed above)			under* (not listed above)	6
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				83.09
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures				

^{*} 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
The second secon			7,7,00	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
Line 16: In-Kind Contributions \$50 & under (not listed above)			0	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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
Average and the second				
				1
				:
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0