



Form CPF M 102: Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Form

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CITY CLERK'S OFFICE  
MALDEN, MASS.

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

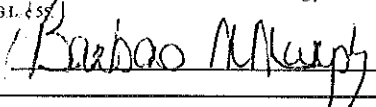
Full Name of Candidate (if applicable)  
  
Office Sought and District  
  
Residential Address  
 Telephone Number (Optional)

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

SUMMARY BALANCE INFORMATION	
Line 1: Ending balance from previous report	\$ <input type="text" value="522.18"/>
Line 2: Total receipts this period (page 2, line 11)	\$ <input type="text" value="250.00"/>
Line 3: Subtotal (line 1 plus line 2)	\$ <input type="text" value="772.18"/>
Line 4: Total expenditures this period (page 3, line 14)	\$ <input type="text" value="225.00"/>
Line 5: Ending balance (line 3 minus line 4)	\$ <input type="text" value="547.18"/>
Line 6: Total in-kind contributions this period (page 4)	\$ <input type="text" value="-"/>
Line 7: Total (all) outstanding liabilities (page 5)	\$ <input type="text" value="-"/>
Line 8: Name of bank (s) used:	<input type="text" value="Citizen's Bank"/>

**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 of 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 requires 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)
12/01/20	MA & No New England Laborers' District Council 7 Laborers Way Hopkinton, MA 01748	\$ 250.00	Laborers Union
Line 9: Total Receipts over \$50 (or listed above)		\$ 250.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS THIS PERIOD</b>		<b>\$ 250.00</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 requires 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
01/15/20	The Advocate Newspaper	PO BOX 490407 Everett, MA 02149	Advertisement	\$175.00
01/15/20	NSBWA	PO Box 631, Malden, MA 02148	Donation	\$50.00
Line 12: Expenditures over \$50 (or listed above)				\$ 225.00
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				\$ 225.00

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