

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Rep	porting Period dates: Beginning Date:		Ending Date:	12 - 3/-	rk or Election Commission -/3
	eport: (Check one) preceding preliminary	30 da	y after election	ear-end report	dissolution
	Michael & FERRICH		NO	NE	Particular
	Candidate Full Name (if applicable)		Comm	ittee Name	
LUB	AD I COUNCION			Provide a service and the serv	
7-11170	Office Sought and District	· Furnitum mandada	Name of Con	nmittee Treasurer	
<u>                                     </u>	BROMFIELD COUNT	<u> </u>	- Harris Anna Carlos	N	<u>Sma</u>
	Residential Address		Committee I	Mailing Address-	3×5
Telephone Num	nber (optional): 97 8 - 46 2 - 9809	Telephon	ne Number (optional):	<u>`</u>	ROM
	CUTAMBA A DV DAT A BIO		TRANSFER ON	2845	<u> </u>
	SUMMARY BALANCI	E INFO	RMATION:	$\sim$	
	Line 1: Ending Balance from previous report		0.0	30	
	Line 2: Total receipts this period (page 3, line 11)		0 -0		There is a second
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line			0.80	2	
		14)	175.0	ð	
	Line 5: Ending Balance (line 3 minus line 4)		0.00		<u> </u>
i	Line 6: Total in-kind contributions this period (pag	e 6)	128.04	y a e	2-28-P
ŀ	Line 7: Total (all) outstanding liabilities (page 7)		0.00		
	Line 8: Name of bank(s) used:		Hole ark may be a second as a	<u></u>	
I certify that I ha activity, includin finance activity o	mmittee Treasurer:  ave examined this report including attached schedules and it is, to the best of all contributions, loans, receipts, expenditures, disbursements, in-kind cooff all persons acting under the authority or on behalf of this committee in actine penalties of perjury:	ntributions	and liabilities for this reporting	period and represent. 55.	Il campaign finance nts the campaign
FOR CANDI	IDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)			
Candidate of I certify that activity, of a	with Committee and no activity independent of the committee t I have examined this report including attached schedules and it is, to the ball persons acting under the authority or on behalf of this committee in according to the property of the property o	est of my k	nowledge and belief, a true and a the requirements of M.G.L. c.	complete statement 55. I have not rece	t of all campaign finance ived any contributions,
I certify that finance active	without Committee OR Candidate with independent activity filing separt I have examined this report including attached schedules and it is, to the builty, including contributions, loans, receipts, expenditures, disbursements, in nance activity of all persons acting under the authority or on behalf of this contributions.	est of my ka n-kind cont	nowledge and belief, a true and tributions and liabilities for this	reporting period and	d represents the
Signed under the	e penalties of perjury: Multure ET.	Luc	(Candidate's signature)	Date:	1-17-14

#### 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)
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			The anticological property of the control of the co
		101 - 2013 (2013) (2014)	Enter Control of the
l de la companya de l			
and an annual section of the section		Parameter and the second secon	
ine 9: Total Rec	eipts over \$50 (or listed above)		
ine-10: Total-Rec	ceipts \$50 and under* (not listed above)		
a Ayayaa Mees	RECEIPTS IN THE PERIOD		

<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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		Paratrick	
	27300 .		
	ts over \$50 (or listed above) ots \$50 and under* (not listed above)		
Line 11; TOTAL RI	ECEIPTS IN THE PERIOD		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.)

report all expen		nittee name and a page number or	i cach page.)	•
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1021-13	WNBP	Federal ST	RADIO ODS	175.00
Prince of the Control				
		Line 12: Total Expenditures ove	er \$50 (or listed above)	175.00
Line-13: Total-Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	175.00

<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
		Patrick			19 18 18 18 18 18 18 18 18 18 18 18 18 18
	re de la company	The service transfer	Section of the second section of the	The state of the s	The same of the sa
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			Line 12: Expenditures over \$50	(or listed above)	444
4 6			Line 13: Expenditures \$50 and u		
, '4	30.43	Enter on page 1, line $4 \rightarrow \begin{bmatrix} 1 & 1 & 1 \\ 1 & 1 & 1 \end{bmatrix}$	Line 14: TOTAL EXPENDITU	URES 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
0~ 9~ 3604	DICK HONDON	MOTTIMAN 87	MAILTY/Ad	128.04
11/1/13				128.04 ME72.
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Professional				THE STATE OF THE S
·		T . 15 T. T. 121 121 141	0.50 ( 11 · 1 · 1 · 1	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	138.04 11
		Line 16: In-Kind Contributions	· · · · · · · · · · · · · · · · · · ·	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NUTRICITANIC	128.04

<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
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Annual Annual Line				
				Annual market of the part of the state of th
A CONTRACTOR OF THE CONTRACTOR				
				······································
	Enter on page 1, line $7 \rightarrow $	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	a managaran ya shi shi na aka ma sha asaa

