

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

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with: y or Town Clerk or Election Commission Please print or type all in	formation, except sign	atures.	- 73	12 JAN 12 P 6: 5
Fill in dates: Month Date Ye Reporting Period Beginning   O 25 1	Ending_	Month 12	Date 3 (	Year 1 L
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding elections.	on □30 day after el	lection	Øyear-end rep	port
Robert J Cranin  Full Name of Candidate (if applicable)  City Council Word 3  Office Sought and District  126 Merrimac St #46  Residential Address  Haubungpart MA 01950  Tel. No. (optional)	Czyherine Nameo 119A Stzt	Committed  T Commit  T Commit  T Str  Sittee Mai	e Name Ofer tee Treasurer ling Address	Vo. (optional)
Line 1: Ending balance from pred Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used N b	vious report (page 2, line 11) eriod (page 3, line 1 line 4) his period (page 4 ities (page 4)	\$_ \$_ \$_ 4) \$_ \$_	498.80 Ø 13895 188.8 Ø Ø	219.75
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disburcampaign finance activity of all persons acting under the authority or on behalf of Signed under the persons acting the contributions.  Add Add Add Add Add Add Add Add Add Ad	sements, in-kind contribution f this committee in accordan	s and habh ce with the i	ties for this reports	ng period and represents the

# 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 and Such at I have a varying of this report including attached schedules and it is to the best	t of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in	n 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.
Consider a michael Committee OP Condidate with independent activity filling sen	arate report
I must be there I have a very inset this concert including attached schedules and it is to the best	t of my knowledge and belief, a true and complete statement of all campaign
Grance activity, including contributions loans, receipts expenditures, disbursements, in-	kind contributions and habitities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this con	nmittee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of period	iipv:
Signed under the penalties of perf-	~/ /¬ .¬
	0/12.72
	Date
Candidate signature (in ink)	Daio

### 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.

Date Name and Residential Addre Received (alphabetical listing required		Amount	Occupation & Employer (for contributions of \$200 or more		
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	*		,		
Line 9:	Total receipts in excess of \$50 (or listed above)				
	Total receipts \$50 and under* (not listed above)				
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD	1	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.

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#### 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
	Seeport Sign-	#141 Bridge Rd	Csubsifu		
11.6.11	works	Schlobury	door hengers	233	-7
10-1-41	Freds	Schiabury What Nbpt	Memoral	7-5	Macraela.
101-11	Field of Fize	Nbpt	memoriel Memori	35	_
	<i>V</i>				
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·				-	
				,	
<u> </u>		<del></del>	Expenditures over \$50	3 to 5	2.5
מי	nter on page 1, line 4		Expenditures \$50 and under*  FOTAL EXPENDITURES	369	75

<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.

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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*	Residential Address	Description of Contribution	Value
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		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<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.

#### 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
-				
E	nter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	

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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