

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 3/90	Ending Date: 533				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election 30 d	av after election				
Candidate Full Name (if applicable) Se et Man 3 ved 1et M Office Sought and District Office Sought and District Residential Address E-mail: David E Sauria Com Phone # (optional):					
SUMMARY BALANCE INF	ORMATION:				
Line 1: Ending Balance from previous report	Ø				
Line 2: Total receipts this period (page 3, line 11)					
Line 3: Subtotal (line 1 plus line 2)	Ø				
Line 4: Total expenditures this period (page 5, line 14)	\$1,834.76				
Line 5: Ending Balance (line 3 minus line 4)	-\$1,834.76 ē 重				
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)	-\$ 1,834.76				
Line 8: Name of bank(s) used:	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Affidavit of Committee Treasurer:					
I certify that I have examined this report including attached schedules and it is, to the best of my knot activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance	ns and liabilities for this reporting period and represents the campaign				
Signed under the penalties of perjury:	(Treasurer's signature) Date:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Candidate with 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 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 that are not otherwise disclosed in this report.					
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of m finance activity, including contributions, loans, receipts, expenditures, disbursoments, in-kind campaign finance activity of all persons acting under the authority or on behalf of this candidate.	y knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents the e in accordance with the requirements of M.G.L. c. 55.				

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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
		- AY		
ine 9: Total Recei	pts over \$50 (or listed above)			
ino 10. T-t-1 D	into \$50 and undonk (a.a.t.linto d. al. a.a.t.)	A		
me 10. 10tal Kece	ipts \$50 and under* (not listed above)	10/		
ine 11: TOTAL E	RECEIPTS IN THE PERIOD	d	← Enter on page 1, line 2	
			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 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.)					
Date Paid	To Whom Paid (alphabetical listing)	, Address	Purpose of Expenditure	Amount	
3/7	printing cultuited	63 photh St.	Laur Cayleg1	\$1,\$51.88	
5/3	printing culturated	63 PLANGUTH ST 140 Blook, MA 02343	Campagn 1	\$782.88	
Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD # 1534.75					

* 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under include them in line	0 Line 10 shoul	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.