

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massacruseus	File with: City or Town Clerk or Election Commissi
Fill in Reporting Period dates: Beginning Date:	29 17 Ending Date: 6/5/17
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Gabrielle Mahoney	
Candidate Full Name (if applicable)  Roard Of Health	Committee Name
S Ced OV CVEST Ld HOUNDY	Name of Committee Treasurer
E-mail: gabrelle Mahovey H. Q. gwail, um	Committee Mailing Address E-mail:
Phone # (optional): 617 828 2362	Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	Ø
Line 2: Total receipts this period (page 3, line 11)	15-
Line 3: Subtotal (line 1 plus line 2)	15- 3 3
Line 4: Total expenditures this period (page 5, line	14) 15-
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pag	e 6)
Line 7: Total (all) outstanding liabilities (page 7)	
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in ac	ntributions 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 of	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 be activity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting persons.	dance with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee OR Candidate with independent activity filing sepa certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, ir campaign finance activity of all persons acting under the authority or en, behalf of this continuous contributions.	st of my knowledge and belief, a true and complete statement of all campaign a-kind contributions and liabilities for this reporting period and represents the

## 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			*
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total E	- 050 (1:1-1)	
		Line 12: Total Expenditures over \$50 (or listed above)		
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	ļ.	15. Admi Emponentia de de didet (not listed above)		
		Line 14: TOTAL EXPENDITU		15-

<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 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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ne 9: Total Receip	ts over \$50 (or listed above)		
	ets \$50 and under* (not listed above)	15-	
ne 11: TOTAL RI	CEIPTS IN THE PERIOD	15	← Enter on page 1, line 2
			d include only those receipts not itemized above

<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.