

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	Ending Date: 12/31/20
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	30 day after election yoar-end report dissolution
FRED SIMMONS  Candidate Full Name (if applicable)  HAUSTHU LIM COUNCIL  Office Sought and District  470 AMESRUM PD.  Residential Address  E-mail:  Phone # (optional):	CTE FRED SIMMOUS  Committee Name  MICHELLE A DILDER  Name of Committee Treasurer  PO BOX 5399 - HAUERHUL MA  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	1446.99
Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)	1446.99
Line 4: Total expenditures this period (page 5, lin	ne 14) 950.00
Line 5: Ending Balance (line 3 minus line 4)	496.99
Line 6: Total in-kind contributions this period (pa	age 6) 100 . 00
Line 7: Total (all) outstanding liabilities (page 7)	70.00
Line 8: Name of bank(s) used: HAVERU	the BANC
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance condance with the requirements of M.G.L. c. 55. I have not received any contributions, geriod 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	e best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury: Fred Sciences	(Candidate's signature) Date: $3/22/2-($

## SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	·		
i l			
ine 9: Total Rece	ipts over \$50 (or listed above)	8	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
ine II: TOTAL I	RECEIPTS IN THE PERIOD		← 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.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/9/20	From SIMMUN	YOU AMEIBURY IN HAVENALLU, MA	POR ADVENTISEMENT	7 950
		Line 12: Expenditures over \$50	(or listed above)	950 -
		Line 13: Expenditures \$50 and u		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 950 —				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in fine 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
2020	Moutre whoo	METHIEN, MA	ADUN	100 -
			·	
I.		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<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.

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#### **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
1/9/20	FNED SUMAN	420 AUTS BURY RO HAVENHUL, MA	BRANCE OF TO THE TOTAL DELLE	70.00
distance of the state of the st				
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				70. at