

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| | | File with: City or Town Clerk or Election Commission |
|-----------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in Reporting Period dates: | Beginning Date: | Ending Date: |
| Type of Report: (Check one) | | |
| 8th day preceding preliminary | 8th day preceding election | 30 day after election year-end report dissolution |
| | | |
| Candidate Full Name | (if applicable) | Committee Name |
| Office Sought ar | nd District | Name of Committee Treasurer |
| Residential A | ddress | Committee Mailing Address E-mail: |
| Phone # (optional): | | Phone # (optional): |
| | SUMMARY BALANO | CE INFORMATION: |
| Line 1: Ending Bal | ance from previous report | |
| Line 2: Total receip | pts this period (page 3, line 11 | |
| Line 3: Subtotal (lin | ne 1 plus line 2) | |
| Line 4: Total exper | nditures this period (page 5, lin | ne 14) |
| Line 5: Ending Bal | ance (line 3 minus line 4) | |
| Line 6: Total in-kir | nd contributions this period (p | page 6) |
| , , , | outstanding liabilities (page 7) | |
| Line 8: Name of ba | ınk(s) used: | |
| activity, including all contributions, loans, recei | pts, expenditures, disbursements, in-kind | est of my knowledge and belief, a true and complete statement of all campaign finance d contributions and liabilities for this reporting period and represents the campaign n accordance with the requirements of M.G.L. c. 55. [Treasurer's signature] Date: |
| FOR CANDIDATE FILINGS ONLY | Y: Affidavit of Candidate: (check 1 b | oox only) |
| activity, of all persons acting under the autl | hority or on behalf of this committee in a | he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period that are not otherwise disclosed in this report. |
| finance activity, including contributions, lo | oans, receipts, expenditures, disbursemen | he best of my knowledge and belief, a true and complete statement of all campaign its, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55. |
| Signed under the penalties of perjury: | Esteban Marte | (Candidate's signature) Date: |

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) |
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| ine 9: Total Recei | pts over \$50 (or listed above) | | |
| ina 10. Tatal Day | into \$50 and undow* (not lists 1 - 1 - 1) | | 1 |
| ine 10: 10tal Kece | ipts \$50 and under* (not listed above) | | |
| ine 11: TOTAL F | RECEIPTS IN THE PERIOD | | ☐← Enter on page 1, line 2 |
| | | 0 1: 10 1 | ld 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.

SCHEDULE A: RECEIPTS (continued)

| Name and Residential Address Date Received (alphabetical listing required) Amount | | Amount | Occupation & Employer (for contributions of \$200 or more) |
|-----------------------------------------------------------------------------------|------------------------------------------|------------------|------------------------------------------------------------|
| Date Received | (aiphabeteal fisting required) | Amount | (101 Contributions of \$200 of more) |
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| Line 9: Total Rece | ipts over \$50 (or listed above) | | |
| Line 10: Total Rece | eipts \$50 and under* (not listed above) | | |
| Line 11: TOTAL I | RECEIPTS IN THE PERIOD | | ← Enter on page 1, line 2 |
| | | 2 0 Line 10 shou | 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.

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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| | I | Line 12: Total Expenditures | over \$50 (or listed above) | |
| | | 10 70 170 17 | | |
| | I | Line 13: Total Expenditures \$ | 350 and under* (not listed above) | |
| | Enter on page 1, line $4 \rightarrow 1$ | | | |

^{*} 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 B: EXPENDITURES (continued)

| Date Paid (alphabetical listing) Address Purpose of Expenditure Amount Amount | To Whom Paid | | | | | |
|-------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------|---------------------------------|------------------------|--------|--|
| Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under* (not listed above) | Date Paid | | Address | Purpose of Expenditure | Amount | |
| Line 13: Expenditures \$50 and under* (not listed above) | | | | | | |
| Line 13: Expenditures \$50 and under* (not listed above) | | | | | | |
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| Line 13: Expenditures \$50 and under* (not listed above) | | | | | | |
| Line 13: Expenditures \$50 and under* (not listed above) | | | Line 12: Expenditures over \$50 |) (or listed above) | | |
| | | | | | | |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | | | |
| | | Enter on page 1, line $4 \rightarrow$ | Line 14: TOTAL EXPENDIT | URES IN THE PERIOD | | |

^{*} 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 |
|---------------|---------------------------------------|--------------------------------|---------------------------------|-------|
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| - | | 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 $6 \rightarrow$ | Line 17: TOTAL IN-KIND CO | ONTRIBUTIONS | |

^{*} 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 |
|---------------|------------------------|-------------------------|---------------------------|--------|
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