

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

| of Massachus | | | | File with City of Town Clerk or Election | on Commission |
|---------------------------|--|--|---------------|--|--------------------------------|
| Fill in Re | eporting Period dates: | Beginning Date: | | Ending Date: | - |
| m- er | Descrit (Charle and) | | | Z018 JAN 19 / A H: H9 - | |
| 1 | Report: (Check one) preceding preliminary | 8th day preceding election [| □ 30 day | after election Vyear end report dis | solution |
| oth day | preceding premamary | j our day preceding election [| | and ordered [2] year ordered | |
| DER | EL GEOIGE DO | SAIGE | COM | nifter to Elect Speek Dep | Sauge |
| 7. | Candidate Full Name (it | f applicable) | 66 | Committee Name | 0 |
| Dour | 7 Office Sought and | . 7 | 4 | Name of Committee Treasurer | 0/4 |
| 37.0 | DALPE Selve L Residential Add | udhow HACOS6 | 7 | Committee Mailing Address | <u>14 0056</u> |
| E-mail: | charge 23 @ cha | Jes. Net | E-mail: | debauge 23 Ochailer Net | |
| Phone # (opt | ional): <u>(413) 539-74</u> | 90 | Phone # (c | optional): 413 - 589 - 7490 | |
| L | | SUMMARY BALANC | E INEO | RMATION. | |
| | | | E IXVE O | | |
| | Line 1: Ending Balar | nce from previous report | | 1,290.09 | |
| | Line 2: Total receipts | s this period (page 3, line 11) | | 0.00 | |
| | Line 3: Subtotal (line | e 1 plus line 2) | | 1,298.09 | |
| | Line 4: Total expend | litures this period (page 5, line | e 14) | 0.00 | |
| | Line 5: Ending Balan | nce (line 3 minus line 4) | | 1,298.09 | l |
| | Line 6: Total in-kind | l contributions this period (pa | ge 6) | 0.00 | l |
| | Line 7: Total (all) ou | utstanding liabilities (page 7) | | 0.00 | · |
| | Line 8: Name of ban | nk(s) used: WESTFU | TL 5 | AVINGE BANE | |
| Affidavit of | Committee Treasurer: | g attached schedules and it is to the best | of my knowl | ledge and belief, a true and complete statement of all campa | ign finance |
| activity, incli | uding all contributions, loans, receipt | g attached schedules and it is, to the best is, expenditures, disbursements, in-kind o thority or on behalf of this committee in | contributions | and liabilities for this reporting period and represents the ca | mpaign |
| | | Mende DeBarge | | (Treasurer's signature) Date: /// 6 | 118 |
| FOR CA | NDIDATE FILINGS ONLY | : Affidavit of Candidate: (check 1 bo | x only) | | |
| I certify activity. | , of all persons acting under the author | luding attached schedules and it is, to the | cordance wit | knowledge and belief, a true and complete statement of all catch the requirements of M.G.L. c. 55. I have not received any | unpaign finance contributions, |
| I certify finance campaig | that I have examined this report incl activity, including contributions, loa gn finance activity of all persons acti | ns, receipts, expenditures, disbursements | best of my k | knowledge and belief, a true and complete statement of all contributions and liabilities for this reporting period and represent accordance with the requirements of M.G.L. c. 55 _n . | ents the |
| Signed unde | er the penalties of perjury: | rekel 19 Jay | 2 | (Candidate's signature) | |

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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| | ipts over \$50 (or listed above) | 0 | |
| Line 10: Total Rece | eipts \$50 and under* (not listed above) | \mathcal{U} | |
| ine 11: TOTAL I | RECEIPTS IN THE PERIOD | | ← Enter on page 1, line 2 |
| | RECEIPTS IN THE PERIOD 1 receipts of \$50 and under, include them in li | \$40.0° | , 5 |

^{*} 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)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------------|--|--------|--|
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| Line 9: Total Recei | ipts over \$50 (or listed above) | 0 | |
| Line 10: Total Rece | sipts \$50 and under* (not listed above) | 0 | |
| Line 11: TOTAL I | RECEIPTS IN THE PERIOD | 0 | ← Enter on page I, 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 Pu | rpose of Expenditure | Amount |
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| | | Line 12: Total Expenditures over \$50 | (or listed above) | 0 |
| | | Line 13: Total Expenditures \$50 and | | |
| | | Zine 13. Your Exponentiales 450 and | mor more more) | |
| | Enter on page 1, line 4 | Line 14: TOTAL EXPENDITURES | S 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

| D. J. D. II | To Whom Paid | Address | Purpose of Expenditure | Amount |
|-------------|---------------------------|--|--|----------|
| Date Paid | (alphabetical listing) | Address | | Amount |
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| | <u> </u> | Line 12: Expenditures over \$5 | 0 (or listed above) | |
| | • | | | |
| | | Line 13: Expenditures \$50 and | under (not usted above) | |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDIT | TURES IN THE PERIOD | 1 0 |

^{*} 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 6 on page 1.

| | | | TRECEIVEDIT | |
|--|---------------------------------------|-------------------------------|------------------------------------|-------|
| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
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| and the second s | | | | |
| | | Line 15: In-Kind Contributio | ns over \$50 (or listed above) | 0 |
| | | Line 16: In-Kind Contribution | ns \$50 & under (not listed above) | |
| · | Enter on page 1, line $6 \rightarrow$ | Line 17: TOTAL IN-KIND | CONTRIBUTIONS | 0 |

^{*} 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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| | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTANI | DING LIABILITIES (ALL) | \wedge |