

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

Office of Campaign and Political Finance

of Massachusetts	File with: Str. o. 25wn Eld'k dr. Elegtion Commission
Fill in Reporting Period dates: Beginning Date:	2019 Ending Date: 01/31 2019
Type of Report: (Check one)	The PIASS.
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)  Councy   W at Large Salem  Office Sought and District  18   May bway & Salem  Residential Address  E-mail: en   O Salem, com  Phone # (optional):	Comma to Elect Faine Milo  William Gag  Name of Committee Treasurer  203 Washington F#24 Salem M  Committee Mailing Address  E-mail: emilo & Salem, Com  Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	1320.05
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	13-20.05
Line 4: Total expenditures this period (page 5, line	700.00
Line 5: Ending Balance (line 3 minus line 4)	62005
Line 6: Total in-kind contributions this period (page	ge 6) O
Line 7: Total (all) outstanding liabilities (page 7)	9011-14
Line 8: Name of bank(s) used: Eastern Ba	nk
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 confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity.	entributions and liabilities for this reporting period and represents the campaign
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 b activity, of all persons acting under the authority or on behalf of this committee in accommittee in accommittee any liabilities nor made any expenditures on my behalf during this reporting p	est of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance.	n-kind contributions and liabilities for this reporting period and represents the
signed under the penalties of parings.	(On did to be signed as )

## 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)
Date Received	(aiphiabetical listing required)	Amount	(for contributions of \$200 or more)
- 1			
ne 9: Total Receip	ots over \$50 (or listed above)	2	
ne 10: Total Receip	pts \$50 and under* (not listed above)	0	
no 11. TOTAL DI	ECEIPTS IN THE PERIOD		
	ECEIT IS IN THE PERIOD	0	← Enter on page 1, line 2

<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**

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 (alphabetical listing)  MUSS Dems Vote builder  Boston, MA  Address  Purpose of Expenditure  Amo	(và
Mass Dems	00
8/23/19 Vote bui der Doston, with bloom buse Subsc. 7	00.
Line 12: Total Expenditures over \$50 (or listed above)	W
Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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.	W

<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.

Page 4

## 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	<b>Description of Contribution</b>	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<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.

Page 6

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12/3-6/000
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Dare Incurre To Whom Dire Business Addis-	Detelmone	Business Additions September 21, 2017 Committee to Elect Elaine Milo	TANKER IN	There 31	MITS COMM	littee to Elect Elaine Mi	lo
/50 Ctolus Name	Dusiness	Address	City	State	Zip	Description	Extense
1) 15/13 Elaine Milio		181 Marlborough Road	Salem	MA	01970	nelnéine	and and
7/16/13 Elaine Millo		181 Marlborough Road	Salem	MA	01070	90000	49.53
7/19/13 Elaine Millo		181 Marihorough Road	Calan	8.44	OVETO	F.U. 80X	153
7/25/13 Elaine Millo		101 Marris Dougla Nogel	malac	MA	07970	Office supplies	329.81
7/28/13 Flaine Mito		Total Mariborough Koad	Salem	MA	01970	thank you's	74
7/30/13 Flaine Milo		Los Mariborough Road	Salem	MA	01970	Office supplies	29.14
8/1/13 Flaine Mile		161 Mariborough Road	Salem	MA	01970	printing	1238.75
8/2/13 Elaine Millio		181 Mariborough Road	Salem	MA	01970	stamps	000
8/10/13 Flaine Mile		181 Mariborough Road	Salem	MA	01970	printing	587.38
R/13/13/ Elaine Millo		181 Mariborough Road	Salem	MA	01970	supplies	9.15
P/49/10 Chino satt		181 Mariborough Road	Salem	MA	01970	printing	1184.69
/10 Elektre Millo		181 Mariborough Road	Salem	MA	01970	thank you's	46.57
o/c/15 claine Millo		181 Mariborough Road	Salem	MA	01970	Office supplies	27.98
11/4/12 Elaine Milo		181 Mariborough Road	Salem	MA	01970	database subscription	700
10/25/12 Elaine Millo	100.00	181 Mariborough Road	Salem	MA	01970	printing	1459.88
10/24/15 Flaine Millo		181 Mariborough Road	Salem	MA	01970	postage	277
10/22/15 Flatno Matto	W .2	Let Mariborough Road	Salem	MA	01970	mobile billboard	200
11/3/15 Elsine Milo		181 Mariborough Road	Salem	MA	01970	mobile billboard	200
8/31/17 Flaine Milo		181 Mariborough Road	Salem	MA	01970	mobile billboard	800
9/22/17 Flaine Milo		181 Mariborough Road	Salem	MA	01970	printing	624.62
10/24/17 Claine Mile		Lot Mariborough Road	Salem	MA	01970	printing	652.54
Office Parine		tot Mariborough Road	Salem	MA	01970	printing	308.1

**Total liabilities** 

9011.14