

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 OCT 29 AM 10: 30

of Massachusetts	File with: City or Town Clerk or Election Commissio
Fill in Reporting Period dates: M. 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) Councillor Ward Office Sought and District Residential Address E-mail: Phone # (optional):	Tosh Turicl of Cruncil Committee Name Tanc Ann Howlest Tunci Name of Committee Treasurer Name of Committee Treasurer Committee Mailing Address E-mail: Ancturical Me, Com Phone # (optional):
-	
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	1017.63
Line 2: Total receipts this period (page 3, line 11)	392.00
Line 3: Subtotal (line 1 plus line 2)	1409.63
Line 4: Total expenditures this period (page 5, line	14) 154.89
Line 5: Ending Balance (line 3 minus line 4)	1254.74
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Salem A	ive Bank Salem, MA
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee activity of all persons acting under the authority or on behalf of this committee in a signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee and no activity independent of the committee	ontributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Only)
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 accoincurred any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate of the control of the committee of the control of the committee of the commi	est of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

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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9: Total Receipts	s over \$50 (or listed above)		
	s \$50 and under* (not listed above)		
11. TOTAL RE	CEIPTS IN THE PERIOD		← Enter on page 1, 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			F
8			
ne 9: Total Receipts o	ver \$50 (or listed above)		
ne 10: Total Receipts \$	\$50 and under* (not listed above)		
	EIPTS IN THE PERIOD		Enter on page 1, line 2 include only those receipts not itemized above.

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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.)

eport all expenditures. Please include your committee name and a page number on each page.)						
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
						
		111				
		1				
			-			
		Line 12: Total Expenditures over	r \$50 (or listed above)			
		Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD						
Little on page 1, and 7						

^{*} 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	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Line 12: Expenditures over \$50 (or listed above)		
		Line 13: Expenditures \$50 and un	der* (not listed above)		
	-				
		Line 14: TOTAL EXPENDITUDE include them in line 12. Line 13 should be should			

^{*} 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
			=		
	,	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 CO			

^{*} 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	ed To Whom Due Address		Purpose	Amount		
	Enter on page 1, line 7 → L	ine 18: TOTAL OUTSTANDIN	IG LIABILITIES (ALL)			

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