

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2021 JAN 12 AM 9: 23

Fill in Reporting Period States: M, MA Beginning Date: //	File with: City or Town Clerk of Election Commission 2020
Type of Report: (Check one)	5.7
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
MICHAEL D. ALIAN Candidate Full Name (if applicable)	ALLEW RULCTION COMMITTEE
Office Sought and District 15 Pope St. Sham MA 0/970 Residential Address E-mail: M. Ke O'red I was Smithe, Com	Name of Committee Treasurer 15 10 19 10 Committee Mailing Address E-mail: MIKE PLANTIM SMOKE, com
Phone # (optional): 978 - 744 - 6453	Phone # (optional): 978-744-6453
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	100,00
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	100-00
Line 4: Total expenditures this period (page 5, line	
Line 5: Ending Balance (line 3 minus line 4)	100-00
Line 6: Total in-kind contributions this period (pag	
Line 7: Total (all) outstanding liabilities (page 7)	28,494.54
Line 8: Name of bank(s) used:	FIVE
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, disburgements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	patributions and liabilities for this reporting period and represents the campaign/ ecordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
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 be activity, of all persons acting under the authority or on behalf of this committee in accommittee 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 I certify that I have examined this report including attached schedules and it is to the b finance activity, including contributions, loads, receipts, expenditures disbusements, i campaign finance activity of all persons acting under the authority or on be all of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(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.)

eport all receipts. Please include your committee name and a page number on ea Name and Residential Address			Occupation & Employer		
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)		
-					
		L			
ine 9: Total Recei	ots over \$50 (or listed above)				
ine 10: Total Recei	pts \$50 and under* (not listed above)				
			1		
ine 11: TOTAL R	ECEIPTS 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)
ne 9: Total Receipts o	ever \$50 (or listed above)		
e 10: Total Receipts \$	\$50 and under* (not listed above)	~	
e 11: TOTAL RECE	EIPTS IN THE PERIOD	f f	Enter on page 1, line 2
you have itemized recei	pts of \$50 and under, include them in line 9.	ine 10 should	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.

		V. Y.s.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address		
	(Spinosian norms)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50 (o	ar listed shave)	
	f		<u>_</u>	
		Line 13: Expenditures \$50 and und		No.
If you have itemin		Line 14: TOTAL EXPENDITUR	ES 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.

		How

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
1999	MICHABI ACIBER CARDIDATA	15 POR ST' SALEM MA 01470	CANDIDATE	16,500,00
2003	U	"	. A	2994.54
2007	11		11	5000.00
2009	I (11	1/	4000 50
	-			
	Enter on page 1, line 7 g Line	e 18: TOTAL OUTSTANDING	LIABILITIES (ALL)	494.54

