

Candidate signature (in ink)

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

. Office of Campaign and Political Finance

,	8.88	фa	-		

Commonwealth of Massachusetts	DWILDE W. DEHAM
File with: City or Town Clerk or Election Commission Please print or type all info	ormation, except signatures.
Fill in dates: Reporting Period Beginning OU 30 76	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n 🕅 30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable) Office Sought and District 3150 Cranbeary How Residential Address	Committee of Acost Johan Committee Name Manual Johan Name of Committee Treasurer 3150 Committee Huy, warehard, Ma 025th Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus label) Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabily Line 8: Name of bank(s) used	(page 2, line 11) \$ \(\frac{2}{50} \) \(\frac{6}{50} \) \(\frac{6}
campaign finance activity, including all contributions, loans, receipts, expendi and represents the campaign finance activity of all persons acting under the a M.G.L. c. 55. Signed under the penalties of Treasurer's signature (in ink)	is, to the best of my knowledge and belief, a true and complete statement of all tures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of f perjury: Date LY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee and no activity independent of the committee activity that I have examined this report including attached schedules and it campaign finance activity, of all persons acting under the authority or on be have not received any contributions, incurred any liabilities nor made any expectant candidate without Committee OR Candidate with Independent activity I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditure.	ee is, to the best of my knowledge and belief, a true and complete statement of all chalf of this committee in accordance with the requirements of M.G.L. c. 55. I enditures on my behalf during this reporting period.

Signed under the penalties of perjury:

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date	Name and Residential Address		ount	Occupation & Employer		
Received	(alphabetical listing required)			(for contributions of \$200 or more		
3/240	Amit Idnar 3150 cranberry Husy Worknam Mai	360	000			
3127	Best Buy Beverage 16 echol Rd, moshpee Ha o2649	125	00	Business		
3/29	bost Buy Beverage 16 echo RE, mashpee Ha 02649	200	ÓŌ	Business		
3/29	Middleboro discourt liquors 422 west grove St Middleboro Ma 02346	150	60	Business		
3129	Main street discount 157 main st black stone, 01564	150	60	Business		
41211	Rajeeve Johan 18 Jacobs Street Wilmington Ma 01887	5∞	00			
4/2	Lany games 13 pheasant auc warehon Ma	400	00			
413	13 pheasont are warehour to	200	00			
413	Killol Amin 158 Concord Rd, Apt J21 Billerica, Mc 01821	100	00			
415	heelu Johan 589 Reymond Rd Plymouth Ma 02360	500	00	· - .		
		,				
			•			
		,		·		
,						
Line 9:	Total receipts in excess of \$50 (or listed above)	2625	00			
Line 10:	Total receipts \$50 and under* (not listed above)	 55	06			
Line 11: 7		060	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 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.

This page may be copied 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)			Amount	
3/27/12	Workham week	219 FMain St Wardham, Ma 02571	ad in wareham	228	00
3/27/12	onset Postmaster	214 onset ave onset, Ma 0257)	Post card Direct	123	ঠ
3 27 12	workland lost office	248 Hain St Wordham, Ma	postcard birect	714	56
3/29/12	Postmister west Worehan	2360 Cranberry Hugy west warerown Hy 02574	Postcard Direct	299.	28
3/20/12	Postmaster east	2991 Cranberry Husy HC, East wordsom Mg	mailing prect	325	23
416/12	gateway printing	174 Main 5t, Working Mg 02571	Printing cost	450	60
415/12	Schenoch butted	174 Mainst, Wareham Mg 02571	Printing Cost	1083	78
·					
		,			
				•	

		Line 12: I	Expenditures over \$50	3224	68
•		Line 13: Expenditures \$50 and under*			
Enter on page 1, line 4		Line 14:7	TOTAL EXPENDITURES	3224	68

^{*}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 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Received				
/-				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	,
•	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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.

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
				·
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4