

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massaci	huseus		Ella with	. C			
Fill in l	Reporting Period dates: Beginning Date:	-1-2	D Ending Date:	: City or Town Clerk or Election			
Type of	f Report: (Check one)						
8th d	lay preceding preliminary 8th day preceding election	30 da	y after election ye	ear-end report diss	solution		
K.	na L. Muna	1/1		- //			
	Candidate Full Name (if applicable)	Com	MITTEE TO Elec	CT KHZA L.	Dynn		
ROCK	Lynd BONDY SelecTMIN		Robert	MAhidaen			
	Office Sought and District		Name of Con	nmittee Treasurer			
103	Residential Address		405 W-40	7	LANS		
E-mail:	CASALNYMAN @ GMAIL, COM	E-mail:	Committee P	Mailing Address			
Phone # (op		Phone # ((optional):				
] [
	SUMMARY BALANCE INFORMATION:						
	Line 1: Ending Balance from previous report		574,	18			
	Line 2: Total receipts this period (page 3, line 11)	ı	0				
	Line 3: Subtotal (line 1 plus line 2)		5741	18			
	Line 4: Total expenditures this period (page 5, line	e 14)	50.0	0			
	Line 5: Ending Balance (line 3 minus line 4)		524.18				
	Line 6: Total in-kind contributions this period (page	ge 6)	e 6) — —				
	Line 7: Total (all) outstanding liabilities (page 7)		0				
	Line 8: Name of bank(s) used: Rocic	mol	TRUST				
ffidavit of (Committee Treasurer:						
	have examined this report including attached schedules and it is, to the best of ding all contributions, loans, receipts, expenditures, disbursements, in kind co by of all persons acting under the authority or on behalf of this committee in a				finance ugn		
	the penalties of perjury:		(Treasurer's signature)	Date: 6-12-	10		
OR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)					
I certify the activity, o	te with Committee that I have examined this report including attached schedules and it is, to the b of all persons acting under the authority or on behalf of this committee in acco any liabilities nor made any expenditures on my behalf during this reporting p	est of my kno	the requirements of M/C I ~ 64	6 7 h	úgn finance tributions,		
I certify the	te without Committee that I have examined this report including attached schedules and it is, to the bestivity, including contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this contributions.	makand control	buttone and liabilition for this was	and the second s	ign he		
	the penalties of perjury:		(Candidate's signature)	Date: 6.35.	0		

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.)

	To Whom Paid	nittee name and a page number o		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1/2/	CTE	P.O. BOX 452		1 mount
1/30/20	Bill McLauchlin		JONATION	50.a
				Laurence and a
	I	ine 12: Total Expenditures over	r \$50 (or listed above)	50,00
	I	ine 13: Total Expenditures \$50	and under* (not listed above)	0
		ine 14: TOTAL EXPENDITU		50.00

^{*} 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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