

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance CLERK'S OFFICE

of Massachusetts	2019 ile Will City or Fova Cierk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/2018 Ending Date: 12/3//2018
Type of Report; (Check one)	,
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election year-end report dissolution
J 11 1 ct	1016
Thomas Haluch Capdidate Full Name (if applicable)	Committee Name
DPW Burd of Public Kines	Committee Palife
Office Sought and District 169 Munsing St. Walku MA405	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: haluchunterer yuhor. Cem	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	6
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	C
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, 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:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x anly)
	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, speriod.
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaigns, in-kind contributions and liabilities for this reporting period and represents the is committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penaltics of perjury:	(Candidate's signature) Date: //8/19

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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			RECEI WAS DEEK WAS DE	
			DE OW	
	_			
ine 9: Total Recei	pts over \$50 (or listed above)			
ine 10: Total Recei	ipts \$50 and under* (not listed above)			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	7)	← 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)	
		,		
			RE OWN O	
			ERK'S P PF LUD	
			D HO	
ine 9: Total Receip	ts over \$50 (or listed above)			
ine 10: Total Recei	pts \$50 and under* (not listed above)		** * * * * * * * * * * * * * * * * * *	
	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 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	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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			2019	5_
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			monor :	
	The management of the state of		=======================================	m
	Annual Control			
				L
		Time 12. Tetal Community		
*		Line 12: Lotal Expenditure	es over \$50 (or listed above)	<u> </u>
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Futer on page 1. live 4 =	Line 14 TOTAL EXPEN	DITURES IN THE PERIOD	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
			2019 J	RE
			NOF LI	E E
			MOTING MAINTENANCE IN THE PERSON NAMED IN THE	OFFICE PRODUCTION OF THE PRODUCTION OF THE PRODU
·]				
		Line 12: Expenditures over \$5	-	
		Line 13: Expenditures \$50 and		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	tures 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.

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
			2	
			NAC 6	REC
			8 P	
			. 40	3
N	120	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	ONTRIBUTIONS	

^{*} 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	To Whom Due	Address	Purpose	Amount
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			JE D	E C C C C C C C C C C C C C C C C C C C
			0,0	
	Enter on page 1 line 2 -	Line 18: TOTAL OUTSTAN	DING LIARITITIES (ALT)	