

## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Fill in Reporting Period dates:  Beginning Date: 3/30/19  Ending Date: 5/6/19					
Fill in Reporting Period dates: Beginning Date: 3/30/19 Ending Date: 5/6/19					
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)  School Committee, Arlingten  Office Sought and District  2 Governer Ad Arlingten MA 02474  Residential Address  E-mail: Kisi Callisen ampe. org  Committee to Elect Kusi Millsen-Ampe  Committee Name  Vesna Nastova - Zaccheo  Name of Committee Treasurer  2 Governer Rd Arlingten MA 02474  E-mail: Vnz C mit-edu					
E-mail: Vnz @ mit-edu  Phone # (optional):  Phone # (optional):					
Those is (optional).					
SUMMARY BALANCE INFORMATION:					
Line 1: Ending Balance from previous report 106.59					
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 14)					
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Leader Bank, Pay pall					
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:    Committee   Date:   Dat					
activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  (Candidate's signature)					

## 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		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
			N .	
			d .	
			100	
			4	
	ь	_ *		
ne 9. Total Receip	ots over \$50 (or listed above)			
. Total Receip	or over \$30 (or listed above)	6	•	
ine 10: Total Receipts \$50 and under* (not listed above)		0		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	0	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

OURSELF CREE SOL BURSE BUT GREEK CERTING

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
	rt .			
				7
_				
Line 12: Total Expenditures over \$50 (or listed above)			0	
		Line 13: Total Expenditur	res \$50 and under* (not listed above)	0
	Enter on page 1, line 4 -	Lima 14. TOTAL EVDE	NDITURES IN THE PERIOD	0

<sup>\*</sup> 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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VILLEVEL V. EXTERNO VOIVERDUETOIN

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
r I				
				1
	9			
		Line 15: In-Kind Contributio	ns over \$50 (or listed above)	O
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	0

<sup>\*</sup> 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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COLLEGE CAMP SE DELLE SEGUE ESTA

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
3/3/2010	Kirsi Allison Ampe	2 Governor Rd Arlington MA	(oar for lampargi	400.00
-				
_		-		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				400.00