

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

Commonwealth of Massachusetts	2020 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: May	28 2020 Ending Date: July 2020
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election [	1 30 day after election  year-end report dissolution
Candidate Full Name (if applicable)  Anythous, ny Anwritz Board  Office Sought and District  42 Mystic Lake Mr. Arlynymy  Residential Address  E-mail: J9-Preston & Concast. Net  Phone # (optional): 781 643 543/	Comm. Hee 10 Ekct Jo Amar Rosser  Committee Name  John Bush  Name of Committee Treasurer  42 Myshc Lsks Ar. Arlington MA 0978  Committee Mailing Address  E-mail: Johnd Gurt 07ma.l-com  Phone # (optional): 781 643 5431
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	632.45
Line 2: Total receipts this period (page 3, line 1	0
Line 3: Subtotal (line 1 plus line 2)	632 45
Line 4: Total expenditures this period (page 5, lin	ne 14) 390.63
Line 5: Ending Balance (line 3 minus line 4)	241.82
Line 6: Total in-kind contributions this period (p	age 6)
Line 7: Total (all) outstanding liabilities (page 7	
Line 8: Name of bank(s) used: Lealer	Bnok
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	est of my knowledge and belief, a true and complete statement of all campaign finance d contributions and liabilities for this reporting period and represents the campaign in accordance 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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting period that are not otherwise disclosed in this report.
Committee	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the

#### 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.)

	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Received	(aiphabetical fisting required)		
	none		
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			₽
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Line O: Total Rec	eipts over \$50 (or listed above)		
			<del></del>
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
	RECEIPTS 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)

Name and Residential Address (alphabetical listing required) Amount			Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount	(20. 00.00.00	
			<b>28</b> **	
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		Little and the state of the sta	-	
Line 9: Total Re	ceipts over \$50 (or listed above)		<u> </u>	
l	eceipts \$50 and under* (not listed above			
	· · · · · · · · · · · · · · · · · · ·		╡ `	
The state of the s	L RECEIPTS IN THE PERIOD		Enter on page 1, line 2 could include only those receipts not itemized above.	

<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.

## 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

	To Whom Paid (alphabetical listing)	mittee name and a page number or  Address	Purpose of Expenditure	Amount
Date Paid  one 8  NOW	Com Olly Printy	17 B 6 11 Sh WUBURN MA 01801	Dear Friend Cards	390 63
				, , ,
				<u> </u>
				<u> </u>
				=
		Line 12: Total Expenditure	s over \$50 (or listed above)	
			s \$50 and under* (not listed abov	ve)
		4 → Line 14: TOTAL EXPEN	and the second s	

\* 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
		, Laboratoria de la companya de la c		
			2027	1
			3	7.54 7.54 6.154
				3
				*
				e + 10
			4	*: <sup>1</sup> / <sub>2</sub>
				=
		3		=
				-=
		Line 12: Expenditures over \$5	0 (or listed above)	
	<b>j</b> -	Line 13. Expenditures \$50 and		
		Line 14: TOTAL EXPENDIT		

<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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# 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 on page 1

4 - Dessived	From Whom Received*	Residential Address	Description of Contribution	Value
ate Received	From Whom Receives			
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		1		
				]  =
				:
		T 15. In Wind Contribu	utions over \$50 (or listed above)	
			itions \$50 & under (not listed abov	(e)
	Enter on nage 1. line 6	i → Line 17: TOTAL IN-KI	ND CONTRIBUTIONS	

<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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## 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
07/01/20	10 Anofresion	Angshelake Dr. BrimmmA Dyn	Campaign Finds	2000 00
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		e 7 → Line 18: TOTAL OUTSTA	AND THE CALL OF THE CALL	