

Candidate signature (in ink)

# Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

Massachusetts	
le with: ty or Town Clerk or Election Commission Please print or type all in	formation, except signatures.
Fill in dates:  Reporting Period Beginning Sanuary   San	ear Month Date Vear Tending Month Date
Type of report: (Check one)  ☐ 8th day preceding preliminary  — 8th day preceding elections.	ion □30 day after election □year-end report □dissolution
	Southwick Democratic Town Com
Full Name of Candidate (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
- Constitution of the cons	P.O. BOX 976
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus)  Line 6: Total in-kind contributions of Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used Better 1.	this period (page 4) \$lities (page 4) \$
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this or contributions, incurred any liabilities nor made any expenditures on my behalf d   Candidate without Committee OR Candidate with independent activity 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 committee in accordance with the requirements of M.G.L. c. 55. I have not received any furing this reporting period.  If filing separate report to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.

## 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 Received	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
÷			
-1		· •	
	Total receipts in excess of \$50 (or listed above)		
	Total receipts \$50 and under* (not listed above)		1 11-2
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD		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.

Page 2



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

Office of Campaign and Political Finance

File with:				
City or Tour	مہ طحمار	Floring	Cammin	:

Candidate signature (in ink)

Please print or type all information, except signatures.

Fill in dates:  Reporting Period Beginning	Ending Month Date Year
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding elect	tion 330 day after election  year-end report dissolution
	Sauthwick Democratic Town Comittee
Full Name of Candidate (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address  Tel. No. (optional)	Committee Mailing Address  SOUTHWICK MA 01077  Tel. No. (optional)
SUMMARY BALA  Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this p  Line 5: Ending balance (line 3 minus  Line 6: Total in-kind contributions  Line 7: Total (all) outstanding liabi  Line 8: Name of bank(s) used	(page 2, line 11)
finance activity, including all contributions, loans, receipts, expenditures, disbu campaign finance activity of all persons acting under the authority or on behalf Signed under the pe	enalties of perjury:
Treasurer's signature (in ink)	Date 17
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf    Candidate without Committee OR Candidate with independent activity   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 committee in accordance with the requirements of M.G.L. c. 55. I have not received any during this reporting period.  y filling separate report  to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.

Date

### 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 Received	Name and Residential Address	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
		:		
, and the second				
			West.	
		•		
Line 9: T	otal receipts in excess of \$50 (or listed above)			
Line 10: To	otal receipts \$50 and under* (not listed above)			
Line 11: T	OTAL RECEIPTS IN THE PERIOD			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.

Page 2



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

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

CPF ID# 70515 1/7/2018

Reporting Period: Beginning: 1/1/2017 Ending: 12/31/2017

Type of Report: 2017 Year-end Report (WTC)

Southwick DEMTC

Committee Name

Nancy Zdun

ancy M.

Name of Committee Treasurer

14 Jeffrey Circle Southwick, MA 01077

Committee Address

SUMMARY BALANCE INFORMATION

\$1,174.85 Ending balance from previous report: \$0.00 Total receipts this period: \$1,174.85 Subtotal: Total expenditures this period: \$52.00 \$1,122.85 Ending Balance: \$0.00 Total inkind contributions this period: Total outstanding liabilities: \$0.00 Name of Bank Used: Berkshire Bank

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 over \$50 and under may be added together from committee records, and reported on line 13.

**Date Name and Address Amount Purpose** 10/28/2017 US P \$52.00 Annual Renewal of Po Box 14 Jeffrey Circle Southwick, MA 01077 \$52.00 **Total Itemized Expenditures:** \$0.00 **Total Unitemized Expenditures: Total Expenditures:** \$52.00

Southwick DEMTC