

Form CPF M 102: Campaign Finance **Municipal Form**

Office of Campaign and Political Finance



Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 1/2018
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Scott Domenic I Candidate Full Name (if applicable)	CTE Scott Demenical Committee Name
ATTLEBOLD SCHOOL COMMITTEE - WARD 6 Office Sought and District	MEGHAN DOMENK! Name of Committee Treasurer
15 SEANNA P.D. ATTERNO, MA 00 203 Residential Address	
E-mail: S. domenici @ comrast_net Phone # (optional): 1774) 991-1365	E-mail: S.domenni @ comeast not Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	310.00
Line 2: Total receipts this period (page 3, line 11)	\$ 100.00
Line 3: Subtotal (line 1 plus line 2)	£ 100.00
Line 4: Total expenditures this period (page 5, line	e 14) 59.0.0
Line 5: Ending Balance (line 3 minus line 4)	A 100.00
Line 6: Total in-kind contributions this period (page	ge 6) 3 268.3 3
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: POCKLAND To	EUST, ATLEBOW, MA
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the appropriate or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY Affidavit of Candidate: (check 1 box	conly)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the I 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 campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of periury:	· · · · · · · · · · · · · · · · · · ·

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)
3/4/2018	SCOTT DOMENICI 15 SEANNARD APLEBOOD MA 02703	\$ 100,00	CANDIDATE
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	: .		
	pts over \$50 (or listed above)	±€ 100.00	
· · · · · · · · · · · · · · · · · · ·	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	¥100.00	← 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)		
- Annual Control of the Control of t					
	:				
			AND		
ine 9: Total Receipts o	over \$50 (or listed above)				
	\$50 and under* (not listed above)				
	EIPTS IN THE PERIOD	<u> </u>	Enter on page 1, line 2 nclude only those receipts not itemized above.		

^{*} 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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/10/18	SUSTI DOMENICI/CANDIDHE 15 SEANA PD. ATTLEBOOD MA 03703	15 SEANNARD ATTLEBORGIMA 60203	LAWN SIENS	\$ 268,33
	·			
_				
		:		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	31 268.33S
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
* If an in kind and	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS [496835A

^{*} 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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		:		
		5		
		,		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

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