

Form CPF M 102: Campaign Finance Municipal Form



Office of Campaign and Political Finance

Commonwealth of Massachusetts	•	<u>File wit</u>	n: City - Cwin On or Flection Commission
Fill in Reporting Period dates: Beginning Date:	4-18-2011	Ending Date:	5.26.2011
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding elections 8th	ion 🔀 30 day	after election 🔲 :	year-end report dissolution
Bichard A. Correia Sa. Candidate Full Name (if applicable)		Com	unittee Name
City Council WARD TWO Office Sought and District		Name of C	ommittee Treasurer
85 Pembroke Ave Residential Address		r	e Mailing Address
Telephone Number (optional):		Number (optional):	
SUMMARY BAL	ANCE INFO	RMATION:	
Line 1: Ending Balance from previous report	rt	0	
Line 2: Total receipts this period (page 3, lin	ne 11)		
Line 3: Subtotal (line 1 plus line 2)		0	
Line 4: Total expenditures this period (page	e 5, line 14)		-
Line 5: Ending Balance (line 3 minus line 4	- ·	0	
Line 6: Total in-kind contributions this peri	od (page 6)	0	- 10
Line 7: Total (all) outstanding liabilities (pa	age 7)	20	1.61
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 activity, including all contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this committee.	o the best of my know in-kind contributions mittee in accordance v	edge and belief, a true and o and liabilities for this repor vith the requirements of M.C (Treasurer's signa	Data
Signed under the penalties of perjury:	neck 1 box only)		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che Candidate with Committee and no activity independent of the committee and in activity in the pendent of the committee activity, of all persons acting under the authority or on behalf of this commitment incurred any liabilities nor made any expenditures on my behalf during this incurred any liabilities nor made any expenditures on my behalf during this	ee t is, to the best of my bittee in accordance wit reporting period.		•
Candidate without Committee OR Candidate with independent activity. I certify that I have examined this report including attached schedules and infinance activity, including contributions, loans, receipts, expenditures, disbutions finance activity of all persons acting under the authority or on bel	ursements, in-kind cor half of this committee	tributions and habilities for in accordance with the requ	Illotticita di vivi
Signed under the penalties of perjury:	Paneiro L	(Candidate's sign	ature) Date: 5/26/2011

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
	•			
	·			
·				
Line 9: Total Receipt	s over \$50 (or listed above)	0		
	ts \$50 and under* (not listed above)	0		
	CEIPTS 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
3/8/2011	Signs on The	Service C signs on the Cherp: Com	Signs	267-61	
				·	
	•				
			`	-	
A Linear Control of the Control of t					
		Line 12: Expenditures over \$50	(or listed above)	26861	
·		Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD 2676/			

^{*} 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 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
	Enter on page 1, line $7 \rightarrow L$	ine 18: TOTAL OUTSTANDI	NĢ LIABILITIES (ALL)	0