

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Jon 1, 17 Ending Date: OCt 20, 17 Type of Report: (Check one)
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) Candidate Full Name (if applicable) Committee to Elect Jon Lombra Committee Name Perticia Lombra
Office Sought and District 95 Glendale Residential Address Telephone Number (optional): Name of Committee Treasurer PO Box 539 Southcumpton MA 01073 Committee Mailing Address Telephone Number (optional):
SUMMARY BALANCE INFORMATION: THE TOTAL COMMANDER OF THE PROPERTY OF THE PROPER
Line 1: Ending Balance from previous report # 2828.60 55
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2) 2,525-60
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4) 2,828.60
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: Peoples Bank
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: (Treasurer's signature) Date:
Candidate with Committee 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 final 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 contribution incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee 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 of 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 (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
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· I I I I I I I I I I I I I I I I I I I				
ne 9: Total Receip	ts over \$50 (or listed above)	-0-		
7277	ots \$50 and under* (not listed above)	20-3		
ie 11: TOTAL RI	ECEIPTS IN THE PERIOD	-0-	←□ 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

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
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			0.70 (11 1 1 1	
		Line 12: Total Expenditures ov	rer \$50 (or listed above)	-0-
		Ting 12. Total Even and itsura CF	and under* (not listed above)	-^-
		Line 13: Total Expenditures \$5	o and under (not usted above)	-0-
		Line 14: TOTAL EXPENDIT	TIDES IN THE DEDIAN	-0-

* 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
and the second s				
contributes more tha	ibution is received from a person who n \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	over \$50 (or listed above)	-0-
	s of the contributor; in addition, if the or more, you must also report the tion and employer.	Line 16: In-Kind Contributions	\$50 & under (not listed above)	-0-
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	-0-

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