

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

Office of Campaign and Political Finance

Commonwealth of Massachusetts				
N. Tale	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: Jan 1,	2019 Ending Date: Oct 18, 2019			
man MM				
Type of Report: Check one)				
8th day preceding pretiminary 🗵 8th day preceding election	30 day after election year-end report dissolution			
h	Jo day after election year-end report dissolution			
Rebecca Birks				
Candidate Full Name (if applicable)	Committee Name			
School Committee/Ward 3				
Office Sought and District	Name of Committee Treasurer			
Residential Address	Committee Mailing Address			
E-mail: DKITKS 18@ Comcast. NC+	E-mail:			
Phone # (optional): 413 335 5538	Phone # (optional):			
CHIMMADY DAY AND	E INFORMATION.			
SUMMARY BALANC	E INFURMATION:			
Line 1: Ending Balance from previous report	1162 20			
Diffe 1. Ditaling Datasies from previous report	100,00			
Line 2: Total receipts this period (page 3, line 11)	ロら2 入力			
Zino Zi Total Totolpio ano portos (page 3, mie 11)				
Line 3: Subtotal (line 1 plus line 2)	·			
Line 4: Total expenditures this period (page 5, lin	e 14)			
Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this period (pa	ge 6)			
Line 7: Total (all) outstanding liabilities (page 7)	1453.30			
Line 8: Name of bank(s) used:				
Affidavit of Committee Treasurer: It certify that I have examined this report including attached schedules and it is, to the best	of my knowledge and helief a true and complete statement of all campaign finance			
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of	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				
Signed under the penalties of perjury:	(Treasurer's signature)			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x oniv)			
Candidate with Committee  Lectify 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, of all persons acting under the authority or on behalf of this committee in ac	cordance with the requirements of M.G.L. c. 55. I have not received any contributions,			
incurred any liabilities nor made any expenditures on my behalf during this reporting	period that are not otherwise disclosed in this report.			
/ 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 or on behalf of thi				
D. Lens	Date:			
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.)

eport all receipts.	Please include your committee name and a p	age number on eac	n page.)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7/27/19	Rebecca Birks 18 West Glen	33.31	
10/20	Rebecca BINKS 18 West Glenst	33.31	
			_
Line 9: Total Red	ceipts over \$50 (or listed above)		
Line 10: Total Re	eceipts \$50 and under* (not listed above)		
	L 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.

## 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.)

eport 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	
1/27/19	Repecca Birks		laum 81gns	363.31	
10/20	Rebecca Birks		door lit	89.99	
		Line 12: Total Expenditures over \$50 (or listed above)			
		Line 13: Total Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD  * If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

<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.

Page 4

## 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
7127	RUPLICA BINGS	18 WestGlen	Laum Signs	363.31 89.99
10/20	RebeccaBirKS	18 West-Glen	door lit	89.99
	A CONTRACTOR OF THE CONTRACTOR			
		-		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				