

igned under the penalties of perjury:

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

TOWN CLEAK Office of Campaign and Political Finance

2020 JAN 21 AM 10: 16

11/1/201/201/201/201/201/201/201/201/201	
Fill in Reporting Period dates: Beginning Date: 5/21/19 Ending Date: 6/3	n Clerk or Election Commission
Type of Report: (Check one)	
8th day preceding preliminary	
stri day preceding preliminary 8th day preceding election 30 day after election year-end repo	ort dissolution
JUDE T. CRISTO COMMITTE TOGET VE	CACT CA'S
Condidate Full M. CC W. A.A.	DE T. CRISTO
Candidate Full Name (if applicable) Committee Name Committee Name Committee Name Committee Name	ONTILIER
Name of Committee Treasu	irer
Residential Address E-mail: CRISTOLANE MILLBURY 149 SCA15TO LANG 14 Land 16 Lan	MA 01525
Phone # (optional): Phone # (optional):	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
38. 93	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
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: Millory CREDIT UNION	
ffidavit of Committee Treasurer:	
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
gned under the penalties of perjury	- / /
(Treasurer's signature) Date:	1/14/2020
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	17 9
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 statem 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 reincurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.	nent of all campaign finance
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 statem campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. or including contributions.	ont of all

campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55

(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)	
	* *			
111		*		
-				
			1	
e 9: Total Receipts	over \$50 (or listed above)	D		
	s \$50 and under* (not listed above)	0		
	CEIPTS IN THE PERIOD			
	ceipts of \$50 and under, include them in line 9.	0 ←	Enter on page 1, line 2	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)
			more)
9: Total Receipts	over \$50 (or listed above)		
e 10: Total Receipts	\$50 and under* (not listed above)	0	
	EIPTS IN THE PERIOD	b 6	Enter on page 1 line 2
		<u>b</u> ←	Enter on page 1, line 2 nclude only those receipts not itemized above.

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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.)

report all expend	itures. Please include your cor	nmittee name and a page number (on each page.)	ses are required t
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	1
	8/	11441055	Turpose of Expenditure	Amount
Ш			4	
111				
		I. 10 m		
		Line 12: Total Expenditures ove	er \$50 (or listed above)	0
		Line 13: Total Expenditures \$50	and under* (not lists 1.1	
				0
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	0
f you have itemize	d expenditures of \$50 and under	include them in line 12. Line 13 sho	ould include only those arrest it	

SCHEDULE B: EXPENDITURES (continued)

To Whom Poil				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				7 tinount
			9	
		Line 12: Evnenditures 050 (*
		Line 12: Expenditures over \$50 (c	or listed above)	0
		Line 13: Expenditures \$50 and unc	der* (not listed above)	P
		Line 14: TOTAL EXPENDITUR	L.	^
f you have itemize	ed expenditures of \$50 and under	include them in line 12. Line 13 shou	Id include and all all all all all all all all all al	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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
				, , , ,
	I	Line 15: In-Kind Contributions of	over \$50 (or listed above)	0
				V
		Line 16: In-Kind Contributions \$: Line 17: TOTAL IN-KIND CO		O

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.

Pate Incurred	To Whom Due	Address	Purpose	Amount
				*
				10.00
				**