

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2820 APR 28 AM 10: 01

UI MASSACHUSCUS	File with: City or Town Clerk or Election Commission		
in Reporting Period dates: Beginning Date: Ending Date:			
Type of Report: (Check one)			
8th day preceding preliminary 8th day preceding elec	tion 30 day after election year-end report dissolution		
David MI Delavini			
BOAR (F Se PETMEN	Committee Name		
9 Alaine ST Millouny, MA 0/5d	Name of Committee Treasurer		
E-mail: DMDM+ A VALOC. CVM	Committee Mailing Address E-mail:		
Phone # (optional): 508, 648, 8474	Phone # (optional):		
SUMMARY BAI	LANCE INFORMATION:		
Line 1: Ending Balance from previous repo	ort &		
Line 2: Total receipts this period (page 3, li	ine 11)		
Line 3: Subtotal (line 1 plus line 2)			
Line 4: Total expenditures this period (page	e 5, line 14)		
Line 5: Ending Balance (line 3 minus line 4	4) 2		
Line 6: Total in-kind contributions this peri	iod (page 6)		
Line 7: Total (all) outstanding liabilities (pa	age 7)		
Line 8: Name of bank(s) used:	Money for CAMPAIGN		
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.	to the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind contributions and liabilities for this reporting period and represents the campaign mittee in accordance with the requirements of M.G.L. c. 55.		
Signed under the penalties of perjury:	(Treasurer's signature) Date:		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (ch.	eck 1 box only)		
Candidate with Committee I certify that I have examined this report including attached schedules and it activity, of all persons acting under the authority or on behalf of this commit incurred any liabilities nor made any expenditures on my behalf during this is	is, to the best of my knowledge and belief, a true and complete statement of all campaign finance ttee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behind the contributions.	is, to the best of my knowledge and belief, a true and complete statement of all campaign resements, in-kind contributions and liabilities for this reporting period and represents the all of this candidate in accordance with the requirements of M.G.L. c. 55.		
Signed under the penalties of perjury:	(Candidate's signature) Date:		

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		(for contributions of \$200 or more)	
ine 9: Total Receip	ots over \$50 (or listed above)			
ine 10: Total Recei	pts \$50 and under* (not listed above)			
ine 11: TOTAL R	ECEIPTS 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			2120 APR 28 AM 10: 02 MILLEURY, MILE
ine 9. Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		Mix
ine 11: TOTAL F	RECEIPTS 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

. 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.)

	To Whom Paid		Pility Hage		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
			/ [
		1			
		1			
11-					
X					
		Line 12: Total Expenditures over \$50 (or listed above)			
	\sim \sim				
	//)// 1	Line 13: Total Expenditures \$50 and under* (not listed above)			
/	Enter on page 1, line 4 →	ine 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		282	APR 28 AM 10: 02	
			LEGE, Mays	
	Line 12: Expenditures over \$50 (or listed above)			
	- May	Line 13: Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES 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 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.

2020 APR 28 AM IO: 02				
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Mh	Line 15: In-Kind Contributions over \$50 (or listed above) Line 16: In-Kind Contributions \$50 & under (not listed above)		
	(1) (1)			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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 2020	APR 28 AM 10: 02 Purpose	Amount
		31	A STATE OF THE STA	
	Enter on page \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	