

Form CPF M 102: Campaign Finance Report Municipal Form 7045 Office of Campaign and Political Finance 15 HAY 28 PM 3: 22

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Fill in R	eporting Period dates: Beginning Date: 4/21/2015 Ending Date: 5/28/15
Type of	Report: (Check one)
☐ 8th da	y preceding preliminary 28th day preceding election 30 day after election 2 year-end report dissolution
	SANDA J. CRISTO Candidate Full Name (if applicable) SELECT MAN Office Sought and District SANDA J. CRISTO COMMITTEE Committee Name DARLENE PAPALARDO Name of Committee Treasurer
<u> </u>	Residential Address Residential Address
	Residential Address Committee Mailing Address
Telephone N	umber (optional): Telephone Number (optional):
1	SUMMARY BALANCE INFORMATION:
	SOMMARI BALANCE INFORMATION:
j	Line 1: Ending Balance from previous report # 2404.83
	Line 2: Total receipts this period (page 3, line 11)
55	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)
L	Line 8: Name of bank(s) used: MILLBURY CREDIT UNION
ertify that I hat tivity, including nance activity	mmittee Treasurer: ave 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 and all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5/24/15
Candidate I certify that activity, of	With Committee and no activity independent of the committee 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 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 contributions, a liabilities nor made any expenditures on my behalf during this reporting period.
I certify that finance activ	without Committee OR Candidate with independent activity filing separate report 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 rity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the nance 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.
ned under th	e penalties of perjury: Sandia Q Cuito (Candidate's signature) Date: 5/38/15

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)
5/27/15	JUPE T- CRISTO Z CRISTO LANG	\$300.a	RETTRED
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		-	
	1002		
:	•		
Line 9: Total Receip	ts over \$50 (or listed above)	\$ 300.00	
Line 10: Total Receip	ots \$50 and under* (not listed above)	\$340.00	15
Line 11: TOTAL RI	CCEIPTS IN THE PERIOD	\$640.00	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)

5/08/15 A+D PIZZA 60 ELM ST. GETTEN NIGHT \$180.00 5/08/15 JUDE CRISTO 2 CRISTO LANE THEODORY #287.15 4/21/15 IBA PRINTSHOP 19 RIVER ST. PRINTING \$475.69	To Whom Paid				
S/29/15 TOPE CRISTO LAND RE IM BURDERS ADDITIONS 4/21/15 IBA PRINTSHOP 19 RIVERS FOR PRINTING BOTO HILLBURY PRINTING BOTO HILLBURY PRINTING BOTO HILLBURY PRINTING BOTO HILLBURY POSTAGE BOTO HILLBURY PRINTING BOTO HILLBURY BOTO HILLBURY PRINTING BOTO HILLBURY BOTO HILLB	Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Stap	5/08/15	A+D PIZZA		astion will	\$ 180 a
MILLBURY POSTAGE B/47.00 A/30/15 MILLBURY POSTAGE B/47.00 A/30/15 MILLBURY POSTAGE B/47.00 A/30/15 MILLBURY POSTAGE B/47.00 A/30/15	5/28/15	JUDE CRISTO	111	RE IM BURSTHOM FALEBOOK THROW	\$ 287.19
	4/21/15	IBA PRINTSHOP		PRINTING	\$ 975.69
POSTMASTER MILLBURY POSTMASE DOTTING WILLBURY POSTMASE WISHES WILLBURY POSTMASE WISHES WISHES WILLBURY PRINTING WORLESTER WORLESTER PRINTING WORLESTER	0/27/15	MILLBURY POST MASTER	1 ' ' '	POSTAGE	\$ 147.00
Posime P	4/22/15			POSTAGE	B244.48
PRINTIPS QUALESTER PRINTIPS 335.33 1	4/23/15	MILBURY	11 - 7 - 11	POSTAGE	\$ 751.45
Line 13: Expenditures \$50 and under* (not listed above) 60.00 Line 14: TOTAL EXPENDITURES IN THE PERIOD 2991.05	4/30/15	1	1 - 1	PRINTING	4345.33
Line 13: Expenditures \$50 and under* (not listed above) 60.00 Line 14: TOTAL EXPENDITURES IN THE PERIOD 2991.05				5	
Line 13: Expenditures \$50 and under* (not listed above) 60.00 Line 14: TOTAL EXPENDITURES IN THE PERIOD 2991.05		4			
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Line 13: Expenditures \$50 and under* (not listed above) 60.00 Line 14: TOTAL EXPENDITURES IN THE PERIOD 2991.05					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 2991.05		L	ine 12: Expenditures over \$50 (or listed above)	2931.08
		Line 13: Expenditures \$50 and under* (not listed above) 60.00			
	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 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
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		м		
	·			
	3. £			
	•			
1		Line 15: In-Kind Contributions of	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0

^{*} 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			Purpose	Amount
		•		
	The state of the s			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				