

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts 10/21/2017	
Fill in Reporting Period dates: Beginning Date: File with: City or Town Clerk or Election Commission File with: City or Town Clerk or Election Clerk or Election File with: City or Election Clerk or Election Clerk or Electio	ssior
Type of Report: (Check one)	_
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ✓ year-end report ✓ dissolution	+
Elena Rose Daniell The Committee to Elect Elena Daniel	1
Candidate Full Name (if applicable) School Committee Member, Ward 7 Adam Daniell	
Office Sought and District Name of Committee Treasurer	
33 Tara Circle Florence MA 01062 33 Tara Circle Florence MA 0106	2
E-mail: Committee Mailing Address Committee Mailing Address	
Phone # (optional): 413 404 23 25 Phone # (optional): 413 3 20 5 405	<u> </u>
SUMMARY BALANCE INFORMATION:	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2) 250.38	
Line 4: Total expenditures this period (page 5, line 14) 280,38	
Line 5: Ending Balance (line 3 minus line 4) -2 8 1 3 8 6 6 1 V E	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	1
Line 8: Name of bank(s) used:	
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 pehalf of this compilities in accordance with the requirements of M.G.L. c. 55.	
Signed under the penalties of perjury: (Treasurer's signature) Date: 2 12 18	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	\forall
Candidate with Committee and no activity independent of the 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 finan 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 contributions incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ice
Candidate without Committee OR Candidate with independent activity filing separate report 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 this committee in accordance with the requirements of M.G.L. e. 55.	
Signed under the penalties of perjury: Y ULA AGULLO (Candidate's signature) Date: 2/2/18	

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.)

Name and Residential Address Occupation & Employer				
Date Received			(for contributions of \$200 or more)	
10-15-18	Elena Daniell	\$70-	campaign candidate	
10 13 10	33 Tara Circk	10	SAHM-wemplayed	
10-23-18	Elena Daniell 33 Tara Circle 30		Campaigh Candidate	
Line 9: Total Receip	ts over \$50 (or listed above)			
	ots \$50 and under* (not listed above)			
Line 11: TOTAL RI	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)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
		/L	<u> </u>	
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	22			
			100	
İ				
]		
Line 9: Total Receip	ots over \$50 (or listed above)			
	. 000 1 1 2 2 2		1	
Line 10: Total Recei	pts \$50 and under* (not listed above)	<u> </u>		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
_		O Line 10 show	Id include only those receipts not itemized above.	

^{*} 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 (alphabetical listing) Address Purpose of Expenditure Amount 10/15/17 Collective Copies 71 South Pleasant st Vard Signs 210.38	To Whom Paid				
Andrewst MA 01002 Tard Signs 210.30 Collective Copies Andrewst MA 01002 Flyers 70.00 Collective Copies Andrewst MA 01002 Flyers 70.00 Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above)	Date Paid		Address	Purpose of Expenditure	Amount
Line 12: Total Expenditures \$50 and under* (not listed above)	10/15/17		Amherst MA 01002	Yard Signs	210.38
Line 13: Total Expenditures \$50 and under* (not listed above)		Collective Copie	71 South Pleasant St. Amherst MA 01002	flyers	70.00
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
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Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)			Line 12: Total Expenditures over	er \$50 (or listed above)	280.38
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 280, 38					
you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions 5	550 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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
			Au	
			20110-2011	
	Futer on page 1. line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	