

Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED

	_	Office of C	ampaign and Poli	itical Finance	KEU TOWN	CLERK
Commonwea of Massachus	alth REV	ISED		File w		20r Hectio 5 condissio
Fill in Re	eporting Period dates:	Beginning Date: 01	01/2018	Ending Date:	. 1 1	CARIGTON, MA
Type of I	Report: (Check one)					
8th day	preceding preliminary	8th day preceding election	30 day after	election 🔀	year-end report	dissolution
	Kevin A. Caire Candidate Full Name (if	<	Comi		Elect Ke	vin Caira
Selectman, Town of Wilmington Michele Caira Nortonen Office Sought and District Name of Committee Treasurer						
251 h	Joburn St, Wilmir Residential Addi	igton, MA 01887	_ 188 C/	hestnut!	St Wilmin tee Mailing Address	igton, MA
Telephone N	umber (optional): 978-65		Telephone Num		tee Maining Address	
		SUMMARY BALAN	CE INFORM	ATION:		
	Line 1: Ending Balan	ce from previous report	_3	17,74		
	Line 2: Total receipts	this period (page 2, line 1	50	00.00		
ļ	Line 3: Subtotal (line	1 plus line 2)	8	17.74		
	Line 4: Total expendi	tures this period (page 3, 1	line 14)	0.00		
	Line 5: Ending Balance	ce (line 3 minus line 4)	8	17.74		
	Line 6: Total in-kind	contributions this period (page 4)	0.00		_
	, ,	standing liabilities (page 4	$I \subseteq I$	36.47		
	Line 8: Name of bank	(s) used: Reading	Cooperat	ive Ban	k -	
I certify that I activity, include finance activity	Committee Treasurer: have examined this report including a ling all contributions, loans, receipts, y of all persons acting under the autho the penalties of perjury:	expenditures, disbursements, in-kir ority or on behalf of this committee	nd contributions and lial	bilities for this report	ting period and represe G.L. c. 55.	all campaign finance nts the campaign
FOR CAN	DIDATE FILINGS ONLY:	Affidavit of Candidate: (check 1	box only)			1/ 1/
I certify to activity, of incurred a	te with Committee that I have examined this report includ of all persons acting under the authorit any liabilities nor made any expenditu te without Committee	y or on behalf of this committee in	accordance with the rec	ge and belief, a true : quirements of M.G.L	and complete statemen	t of all campaign finance sived any contributions,

Signed under the penalties of perjury:

(Candidate's signature)

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. c. 55.

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.)

	ase include your committee name and a page nu Name and Residential Address		
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/25/2018	Comm. For Better Govt, 31 Surrey Road Winchester, MA	500	(COL SOME AND OF WARD OF MOTO)
·	·		
			•
·			
	·		
ine 9: Total Receip	ots over \$50 (or listed above)	500	
ine 10: Total Recei	pts \$50 and under* (not listed above)	0	
	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 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
			·	
				•
* 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.		Line 15: In-Kind Contributions	0	
		Line 16: In-Kind Contributions	0	
Enter on page 1, line $6 \rightarrow$		Line 17: TOTAL IN-KIND CO	0	

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.

curing and reporting							
Date Incurred	To Whom Due	Address	Purpose	Amount			
2/22/2016	Kevin A. Caira	251 Wobum St- Wilmington, MA	Campaign	1036,47			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	1036,47			