

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts  File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 15/29/19 Ending Date: 12/31/20
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Candidate Full Name (if applicable)  Committee Name  Committee Name  Committee Name  Committee Name  Committee Name  Committee Treasurer  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):  Phone # (optional):
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)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  145 73
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:
Affidavit of Committee Treasurer:  Learlify 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, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  Candidate: (check I box only)  Candidate with Committee  Learlify 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, 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 that are not otherwise disclosed in this report.  Candidate without Committee  Learlify 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 included and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements included in accordance with the requirements of M.G.L. c. 55  Signed under the penalties of perjury:  (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
Pate Received	(arphabetical fishing required)	Amount	(for contributions of \$200 or more)
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34			
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111		1	
ne 9: Total Receipt	ts over \$50 (or listed above)	*	
	ets \$50 and under* (not listed above)		
<del></del>			
e II: IOTAL RE	ECEIPTS IN THE PERIOD	O	← Enter on page 1, line 2

<sup>\*</sup> 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)
ine 9: Total Pagain	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
<u> </u>	ECEIPTS IN THE PERIOD		
			Enter on page 1, line 2 include only those receipts not itemized above.

<sup>\*</sup> 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.)

Dada Dati	To Whom Paid		D 45	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			11111	
	7.01			
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		<u> </u>		
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		and the second s		
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

<sup>\*</sup> 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 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value		
		20				
				·		
©						
	Line 15: In-Kind Contributions over \$50 (or listed above)					
		Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	G		

<sup>\*</sup> 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.

Page 6

## **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
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		20.		
[[				L
			DING LIABILITIES (ALL)	

#### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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= 1	1			L
	3 9 9			
	2 2000			477.7072
			200	
		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 a	and under* (not listed above)	
	260	<del></del>		
	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPENI	DITURES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 12.31.19
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)  School Committee Wercester  Office Sought and District  54 Parsons Hill Dr  Residential Address  E-mail: Martinez committee Q gmail. com  Phone # (optional):	Committee Name  Carris Martinez  Name of Committee Treasurer  54 Parsons' Hill dr  Committee Mailing Address  E-mail: Martinez committee & amail. Com  Phone # (optional)
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 1)	148.73
Line 3: Subtotal (line 1 plus line 2)	148.73
Line 4: Total expenditures this period (page 5, li	
Line 5: Ending Balance (line 3 minus line 4)	148.73 \$ CERR
Line 6: Total in-kind contributions this period (p	
Line 7: Total (all) outstanding liabilities (page 7	
Line 8: Name of bank(s) used: Digital Cr	edit union
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:  Corrue Mostures  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	est of my knowledge and belief, a true and complete statement of all campaign finance d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1.24.20
Candidate with Committee  [ ] I certify that I have examined this report including attached schedules and it is, to to	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions.
finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of	this and date in accordance with the requirements of M.G.L. c. 55
Signed under the penalties of perjury:	(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.)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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	12:		
	_ 1	ŀ	
]			
Line 9: Total Receip	ots over \$50 (or listed above)	Ò	
ine 10: Total Recei	pts \$50 and under* (not listed above)	0	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	
	receipts of \$50 and under include them in line		← Enter on page 1, line 2

<sup>\*</sup> 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
Date Received	(aiphabetteai listing required)	Amount	(for contributions of \$200 or more)
	¥		
<u> </u>			
Line 9: Total Rece	ipts over \$50 (or listed above)	<i>O</i>	
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	ر	← Enter on page 1, line 2 Id include only those receipts not itemized above.

<sup>\*</sup> 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	ittee name and a page number or		,
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				<u> </u>
				<u> </u>
	<u> </u>			
31		(#)		
			-	
	İ			
				1
				-
				<u> </u>
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	0
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	Ö
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> 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 B: EXPENDITURES (continued)**

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	<u> </u>			
			l <del>i</del>	
	<u> </u>			
				}
		<u> </u>		
<u> </u>				
		Line 12: Expenditures over \$50	0 (or listed above)	0
		Line 13: Expenditures \$50 and	under* (not listed above)	0
	Enton on access to the state of			
		Line 14: TOTAL EXPENDIT		

<sup>\*</sup> 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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0

<sup>\*</sup> 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.

Page 6

# **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 OUTSTANI	DING LIABILITIES (ALL)	G



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	2019 CC7 28 File with. City or Town Clerk or Election Commission.
Fill in Reporting Period dates: Beginning Date:	8/23/19 Ending Date: 10/28/19
Type of Report: (Check one)	
8th day preceding preliminary	30 day after election year-end report dissolution
Candidate Full Name (if applicable)  A MALIAH LEMACI MARTINEZ  Office Sought and District	Committee Name  THE MILITUET COUNTITYEE  Name of Committee Treasurer
ScHOOL COMMITTEE	CARLE MARTINE
Residential Address -7 FA PAISONS HELE-mail LITMART SOCOLUMENT. COM	Committee Mailing Address  E-mail MANTINE COMMITTEED COMITION
Phone # (optional)	Phone # (optional)
CUMMADVDALA	VOE INFORMATION
	NCE INFORMATION:
Line 1: Ending Balance from previous report	48.73
Line 2: Total receipts this period (page 3, line 1	11)
Line 3: Subtotal (line 1 plus line 2)	148, 73
Line 4: Total expenditures this period (page 5,	line 14)
Line 5: Ending Balance (line 3 minus line 4)	A8. 73
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:	TAL FEDERAL CLEDITY UNIBL
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee	best of my knowledge and belief, a true and complete statement of all campaign finance ind contributions and liabilities for this reporting period and represents the campaign e in accordance with the requirements of M.G.L. c. 55
Signed under the penalties of perjury:	(Treasurer's signature) Date: 10/21/14
FOR CANDIDATE FILINGS ONLY: Alfidavit of Candidate: (check	l box only)
Candidate with Committee  1 certify that 1 have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee is incurred any liabilities nor made any expenditures on my behalf during this report	o the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting 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 finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf or	to the best of my knowledge and belief, a true and complete statement of all campaign tents, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Marialy Marita	(Candidate's signature) Date: \[ \dag{\gamma 2 \sqrt{19}}

#### 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)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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
Date Received	(aspuabetical fishing required)	Amount	(for contributions of \$200 or more)
ing O. Tatal Bass	into avas \$50 (on listed shows)		<u> </u>
	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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	To Whom Paid (alphabetical listing)	Address	Dunnaga of Francisco	Amount
Date Faid	(athoanerical figure)	Address	Purpose of Expenditure	Amount
	/			
				<b> </b>
	\			
				-
				36
		Line 12: Total Expenditures of	over \$50 (or listed above)	
		Line 13: Total Expenditures \$	50 and under* (not listed above)	
	Enter on page 1 line 4 -	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	
		er, include them in line 12. Line 13		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	/ 11			
	/			
	/			
	[			
	\			
	\			
	\			
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Evnandinger \$50	undant (not listed ab	
		Line 13: Expenditures \$50 and	under (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

<sup>\*</sup> 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	
		Line 15: In-Kind Contribution	s over \$50 (or listed above)		
Line 16: In-Kind Contributions \$50 & under (not listed above)					
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

<sup>\*</sup> 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	



# Form CPF M 102: Campaign Finance Report actived Wercester City Clerk Municipal Form Office of Campaign and Political Finance

2019 SEP -4 AM 10: 10

of Massachuset	tts	File with: City or Town Clerk or Election Commission
Fill in Rep	porting Period dates: Beginning Date:	5/16/19 Ending Date: 9/3/19
1 .	Report: (Check one) preceding preliminary 8th day preceding elect	ection 30 day after election year-end report dissolution
Scho 54 '	Office Sought and District  Parsons Hill Dr  Residential Address  Martinez Committee Q gmail. Committee Q gmail. Committee Q gmail.	Phone # (optional):
	SUMMARY BAL	LANCE INFORMATION:
	Line 1: Ending Balance from previous repo	port
	Line 2: Total receipts this period (page 3, li	
	Line 3: Subtotal (line 1 plus line 2)	\$ 428.50
	Line 4: Total expenditures this period (page	ige 5, line 14) 8 278 · 24
	Line 5: Ending Balance (line 3 minus line 4	=4) 149.76
ļ	Line 6: Total in-kind contributions this per	eriod (page 6)
	Line 7: Total (all) outstanding liabilities (p	(page 7)
	Line 8: Name of bank(s) used: DiaHa	al Federal Credit union
I certify that I	Committee Treasurer:  I have examined this report including attached schedules and it is, t iding all contributions, loans, receipts, expenditures, disbursements ity of all persons acting under the authority or on behalf of this com	s, to the best of my knowledge and belief, a true and complete statement of all campaign finance ints, in-kind contributions and liabilities for this reporting period and represents the campaign committee in accordance with the requirements of M.G.L. c. 55.
	r the penalties of perjury: Carne. Martine	All Market Street
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (c	(check 1 box only)
I certify activity.	ate with Committee that I have examined this report including attached schedules and i of all persons acting under the authority or on behalf of this comm I any liabilities nor made any expenditures on my behalf during this	d it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance untittee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, his reporting period that are not otherwise disclosed in this report.
I certify	activity, including contributions, loans, receipts, expenditures disb	Id it is, to the best of my knowledge and belief, a true and complete statement of all campaign isbursements, in-kind contributions and liabilities for this reporting period and represents the behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed unde	er the penalties of perjury:	(Candidate's signature) Date: 9 · 3:/9

#### 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.)

port an receipts. 1	lease include your committee name and a pa  Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
5/16/19	Dario DiPietrantonio GI Aspen Ave S. Grafton 01560	\$ 585.00	DDP Restaurants LLC
7/25/19	Gino Nuzzolilo 31 Southold Rd	\$ 100	
Line 9: Total Rec	eipts over \$50 (or listed above)	8 385 .00	
Line 10: Total Red	ceipts \$50 and under* (not listed above)	\$ 46.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	428.00	← Enter on page 1, line 2

<sup>\*</sup> 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

	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid 5/20/19	Ciche on line	Signs on the cheap.com	Yard Signs	\$ 278.21
	·	Line 12: Total Expenditures or	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

# 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
1				
<u></u>				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

# 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
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

<sup>\*</sup> 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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# Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

#### Office of Campaign and Political Finance

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a

File with: City / Town Clerk or Election Commission

candidate's commit	tee as follows:		
CANDIDATE:	Full Name: Mariah Mark	neZ	
	Residential Address: 54 Parsons H	lill Dr	
	City / State / Zip: Worcester	Ma 01	603
	E-Mail Address: Martinez Committee		4-242-5256
	Party Affiliation: Independent	0	(If applicable)
OFFICE SOUG			
	Title: School Committee	ree	
	District: Worcester		
COMMITTEE:	Name of Committees A		2
COMMITTEE:	INC JUDINHINEZ		
	Committee Mailing Address: 54 Parsons Hu	tittee must include the candidate's last name)	PR 35.
	City / State / Zip: Worcester	Ma 01603 Phone #: 774	242-5256
OFFICERS:			P Va
Chairman:	Mariah Martinez	Treasurer*: Carrie Moutine2	<u>မှ 🕒</u>
Residential Address:	54 Parsons HII Dr		101
City / State / Zip:	Worrester Ma 01603	City / State / Zip: Worcester	MA 01607
Phone #: 774. 24	12 5256	Phone # 774 2425163 Email: (Briggs BK)	Quahoo.com
		*A public employee may not serve as treasurer of any politic	al committee (see reverse).
Other Officer/Title:		Other Officer/Title:	
Residential Address:		Residential Address:	
City / State / Zip:		City / State / Zip:	
Phone #:		Phone #:	

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 9/20/19

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

Date: 4./9./