Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:　Beginning Date: **2016-01-0**　Ending Date: **12/31/2016**

Type of Report: (Check one)

- [ ] 8th day preceding preliminary
- [ ] 8th day preceding election
- [ ] 30 day after election
- [x] year-end report
- [ ] dissolution

JAMES R. WILLIAMS
Candidate Full Name (if applicable)

SELECTMAN　BELMONT
Office Sought and District

7 Glenn Road　BELMONT, MA 02978
Residential Address

Telephone Number (optional): **917 406-0393**

JIM WILLIAMS FOR SELECTMAN
Committee Name

CLAUS BECKER
Name of Committee Treasurer

P.O. BOX 587, BELMONT, MA
Committee Mailing Address

Telephone Number (optional): **857 294-3625**

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report　**0.00**

Line 2: Total receipts this period (page 3, line 11)　**$100.00**

Line 3: Subtotal (line 1 plus line 2)　

Line 4: Total expenditures this period (page 5, line 14)　**$50.00**

Line 5: Ending Balance (line 3 minus line 4)　**$50.00**

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: **Belmont Savings Bank.**

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 behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Treasurer's signature)　Date: **2017-01-20**

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee
- [x] 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, 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.

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. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature)　Date: **1/19/2017**

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)
11/1/16	JAMES R. Williams 76 Elm Road Belmont	$100.00	N/A

Line 9: Total Receipts over $50 (or listed above)	100.00	
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD	100.00	← 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/29/16	FRANKLIN TUCKER	12 UNITY AVE BELMONT, MA 02478	Ad Expense	$50.00

Line 12: Expenditures over $50 (or listed above)		$50.00
Line 13: Expenditures $50 and under* (not listed above)		
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**		$50.00

* 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 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 OUTSTANDING LIABILITIES (ALL)** | *0*