Commonwealth of Massachusetts

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Municipal Form

RECEIVED TOWN CLERK BELMONT, MA Office of Campaign and Political Finance File with Gity or Town Gerk of Election Commission

Fill in Reporting Period dates: Beginning Date: March	h 13, 2015	Ending Date: Mar	ch 30, 2015		
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day af	ter election	nd report	dissolution	
	Vote No o	n Ballot Question 1 Commi	ttee		
Candidate Full Name (if applicable)		Committee N	lame		
	Raffi Man				
Office Sought and District	100	Name of Committee	2 Treasurer		
Residential Address	12 Pearl S	Street Belmont, MA 02478 Committee Mailin	g Address		
Telephone Number (optional):	Telephone N	umber (optional):		_	
SUMMARY BALANC	E INFOR	MATION:			
Line 1: Ending Balance from previous report			0.00		
Line 2: Total receipts this period (page 3, line 11)	,		5640.00		
Line 3: Subtotal (line 1 plus line 2)			5640.00		
Line 4: Total expenditures this period (page 5, lin	e 14)		5496.71		
Line 5: Ending Balance (line 3 minus line 4)			143.29		
Line 6: Total in-kind contributions this period (pa	ige 6)		1642.62		
Line 7: Total (all) outstanding liabilities (page 7)			0.00		
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, disbussements, 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: March 30, 2015					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I bo	ox only)				
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 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:		

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: Reccipts" 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)
March 13, 2015	Elisabeth Allison 69 Pinehurst Rd. Belmont, MA	5000.00	Stanton Foundation, Director
March 20, 2015	Anne Kelleher 58 Beckett Rd Belmont, MA	250	Retired school teacher
March 23, 2015	Virginia Fehrman 47 Marsh Street Belmont	150	
March 24, 2015	Judith Ananian Sarno 30 Waverley Terrace Belmont, MA	100	
March 29, 2015	Katherine Donovan 131 Chilton St Belmont, MA	100	
March 17, 2015	Dawn MacKerron 70 Beckett Rd Belmont,MA	30	
March 17, 2015	James Gammill 19 Dorset Rd. Belmont	10	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	5640.00	← 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 A: RECEIP 18 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	pipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS 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.

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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.)

eport all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid				
Date raid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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				The state of the s	
		L	<u> </u>		
		Line 12: Total Expenditures o	ver \$50 (or listed above)		
			, ,		
		Line 13: Total Expenditures \$	50 and under* (not listed above)		
			(iiii noted too to)	<u> </u>	
	Enter on page 1 line 4>	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD		
			should include only those expenditure		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/27/2015	Connolly Printing	17B Gill Street Woburn, MA	committee mailing	5198.77
3/27/2015	Connolly Printing	same as above	mailing	297.94
				enhan hatrak kasa karakan karakan kasa kasa kasa kasa kasa kasa kasa
	J	Line 12: Expenditures ove	er \$50 (or listed above)	
			and under* (not listed above)	
			NDITURES IN THE PERIOD	5496.71

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

NUMBER OF ALL ARRIVED OUT TRANSPORTED IN

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
	Elisabeth Allison	69 Pinehurst Rd	Lawn signs	
3/24/2015		Belmont, MA		871.78
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Elisabeth Allison	69 Pinehurst Rd	printing	
3/30/2015		Belmnont, MA		770.84
3/30/2013		·		770.65
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			111	
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	Account of the second s			
		Line 15: In-Kind Contributio	ns over \$50 (or listed above)	1642.62
			ns \$50 & under (not listed above)	
		Line 17: TOTAL IN-KIND		1642.62

^{*} 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.

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
				Transaction of the second
	77-117-110-110-110-110-110-110-110-110-1			
	A CONTRACTOR OF THE CONTRACTOR			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0.00