

Form CPF M 102-0: Campaign Finance Report CLERK Municipal Form

Office of Campaign and Political Finance OCT 30 PM 2: 56

Please print or type all information, except signature	(MM/DD/XYXY)		20th day of January (Year-End report)	ipal Office. any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.	OFFICE SOUGHT	Select Board						
Plea	Ending: 10/19/18		30th day following election (town or special)	gations during this reporting period, and	RESIDENTIAL ADDRESS (Street and Number)	50 Slough Road Harvard, MA						
	(MM/DD/XXXX)		X 8th day preceding election	unicipal Office. ade any expenditures, or incurred any obli	Signed under the penalties of perjury	Red Pro						
Harvard	l: Beginning: 09/19/18	Check One)	X 8th day preceding preliminary/primary	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expend 3. I certify that I do not have a political committee.	PRINT NAME	Rich Maiore						
City or Town of:	Reporting Period:	Type of Report: (Check One)	X 8th day preced	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not n 3. I certify that I do not hav	DATE	10/29						



Form CPF M 102: Campaign Finance Report

Municipal Form

WIUNICIPAL FORM RECEIVED
Office of Campaign and Political Finance HARVARD TOWN CLERK

2018 OCT 29 AM 9: 20

D		File with: City or Town Clerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date: 9/17/	2018 Ending Date: 10/19/2018
Type of I	Report: (Check one)	
8th day	y preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
NOYAN KI	NAVMAN	
MOTAN KI	Candidate Full Name (if applicable)	Friends of Noyan Kinayman for Select Board
SELECT BO	OARD, Town of Harvard	Committee Name SARAH CONNOLLY
	Office Sought and District	Name of Committee Treasurer
92 Slough	Rd., Harvard, MA 01451	P.O. BOX 152, HARVARD MA, 01451
	Residential Address	Committee Mailing Address
E-mail:		E-mail:
Phone # (opt	ional): (978) 456-3065	Phone # (optional): (617) 899-7887
		(621) 633 7007
	CHIMINIA DAY DAT A NIC	NE INICODA A TUONI
	SUMMARY BALANC	LE INFORMATION:
	Line 1: Ending Balance from previous report	0
	Line 2: Total receipts this period (page 3, line 11)	0
	March Min and an extra control	
	Line 3: Subtotal (line 1 plus line 2)	0
	The A. The Lands of the Lands o	
	Line 4: Total expenditures this period (page 5, lin	ne 14) 0
	Line 5: Ending Balance (line 3 minus line 4)	
	Ente 3. Ending Balance (line 3 lillius line 4)	0
	Line 6: Total in-kind contributions this period (pa	nge 6)
	(pe	.50 0)
	Line 7: Total (all) outstanding liabilities (page 7)	0
	Line 8: Name of bank(s) used:	
L on i		
	Committee Treasurer: I have examined this report including attached schedules and it is to the best	t of my knowledge and belief, a true and complete statement of all campaign finance
factivity, inclu	iding all contributions, loans, receipts, expenditures, disbursements, in-kind	contributions and liabilities for this reporting period and represents the campaign
imance activi	ity 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	r the penalties of perjury:	(Treasurer's signature) Date: 10/29/2018
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candida	ate 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	e 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 ac any liabilities nor made any expenditures on my behalf during this reporting	coordance with the requirements of M.G.L.c. 55. I have not received any contributions
	ate without Committee OR Candidate with independent activity filing so	
I certify	that I have examined this report including attached schedules and it is, to the	e best of my knowledge and belief a true and complete statement of all compains
I Intance a	activity; including contributions, loans, receipts, expenditures, disbursement: n finance activity of all persons acting under the authority or on behalf of th	s. in-kind contributions and liabilities for this reporting period and represents the
	1 0	(Condidate's signature) Date: 10/29/2018
Signed under	r the penalties of perjury: North Connegnor	(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)
	- Anna Proprieta Contract of C		
Line 9: Total Rece	eipts over \$50 (or listed above)	0	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	0	
	RECEIPTS IN THE PERIOD	0	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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(tor contributions of \$200 of more)
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	/	← Enter on page 1, line 2
	receipts of \$50 and under include them in lin	0 11 10 1	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

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.)

D-4- D 11	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	11		1 10 10 10 10 10 10 10 10 10 10 10 10 10	
	*			
				l is
	y .			
= 1				
Ш				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		2.10th Expenditures 0V	(or fisted above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	P., 4		0.000	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT		

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		<u> </u>		
271				
		Line 12: Expenditures over \$5	50 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	1
	Enter on page 1 line 4	Line 14: TOTAL EXPENDI		1

^{*} 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 6 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	s \$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND (CONTRIBUTIONS	

^{*} 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)	