

## FORM CPF IVI 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commissio
Fill in Reporting Period dates: Beginning Date:	2017 Ending Date: (2/3/2017
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Paul Dan CLifford  Candidate Full Name (if applicable)  Braintnee Town Council Destrict  Office Sought and District  Residential Address  E-mail: Cliff 470 yahoo. Com  Phone # (optional): 617-797-5534	Colette A. Clifford  Name of Committee Treasurer  Z65 ST. Claire St. Braintine MA-  Committee Mailing Address  E-mail: Clifford C46 C 44 heo. Com  Phone # (optional): 47-2871617-694-1783
SUMMARY BALANC	F INFORMATION.
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 4)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 7)  Line 8: Name of bank(s) used:	605.35 605.35 605.35 600.65 467 467
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	of my knowledge and belief, a true and complete statement of all campaign finance ontributions and liabilities for this reporting period and represents the campaign eccordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: /-22-18
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommunities and it is not made any expenditures on my behalf during this reporting produced any liabilities nor made any expenditures on my behalf during this reporting produced any indicate without Committee OR Candidate with independent activity filling sentences.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M. G.L. c. 55. I have not received any contributions, period.
certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this	pest of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	leffer (Candidate's signature) Date: /-22-18

#### 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)
ne 9: Total Receir	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)	<u>φ</u> ]	
	ECEIPTS IN THE PERIOD	8	Enter on page 1, line 2

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	1017		
	1		
ine 9: Total Receipt	ts over \$50 (or listed above)	6	
ne 10: Total Receip	ots \$50 and under* (not listed above)	Ø	
ne 11: TOTAL RE	ECEIPTS IN THE PERIOD	do	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 19 should include only those receipts not itemized above.

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

1	To Whom Paid	-		<u> </u>
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	OFFICE Supplies	500 Grospan Dr. Branther, M.H.	Councilor worker	\$1883
6-26-17	Friends of Braited Five Fighter	Lunion PL Braintree	Denution	100 %
2-18-17	Friends of Donnie Higgins Manfund	425 Summer St Boston	Donotin	150 g
<b>3</b> -15-17	Magnolia Hew Begins CBean Stock event	Po Box 1359 Marblehead, Mux	Ponation	80 En
9-5-17	OFFICE Supplies	500 Gressman Dr. Brantree, MA.	Council WORK	45.68
9-20-17	Ryan M. Thompson Mem. Gold Townson	4 Bestick Poad Braintree MA	Drug Prevention Support	100 Ex
8-24-17	Vietnam vets Mem Goif Townsment	1752 WAShington St Browntree, M.K.	Memoral Bolf Tourament	125 00
				=-
		Line 12: Expenditures over \$50	(or listed above)	555 %
		Line 13: Expenditures \$50 and u	under* (not listed above)	456
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	<u> </u>	600 XX

<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 &

#### 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.)

Deta Bala	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
5				
1111			11	
			][	
				<u></u>
			11	
			11	
122				
11/				
11		i		
		Line 12: Total Expenditures ove	\$50 (on listed at>	
	]	Dine 12. Total Experientures ove	a pon (or listed above)	
	100	Line 13: Total Expenditures \$50	and under* (not listed above)	1
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES 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
				<u>-</u>
			<b>/</b>	
	4			4.
				331 331 531
				5,016 = 2
		Line 15: In-Kind Contributions	over \$50 (or listed above)	A
		Line 16: In-Kind Contributions		4 A
	, , , , , , , , , , , , , , , , , , ,	Line 17: TOTAL IN-KIND CO		<i>y</i>

<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
	Carried	Forward Fra	Previous Re	700
				_
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	4372 4



# Schedule E Municipal Form Disclosure of Assets Statement Office of Campaign and Political Finance

RECEIVED TOWN CLERK BRAINTREE, MA

2018 JAN 22 PM 3: 48

Commonwealth of Manuchusetts

File with: City or Town Clerk or Election Commiss	on		CPF ID#	
This form should be filed by	all candidates a	and committees with each	•	
Committee Name: 7 M W 1	Tleet	28/oct Dan	CLIFFULL Date of re	port: 1/20/18
		mmittees must fill in Pa	<u> </u>	<i>(/</i>
Part A:			_ ***	
No assets* were acquired or dispo	osed of by this o	andidate/committee duri	ng the period covered !	by this statement.
Part B:				rg
Assets acquired: List all assets acquare filed, list all assets.	iired since the	committee last filed this	statement. If this is th	e first Schedule E you
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
Assets disposed of: List all assets so  Asset Include year, model or other identifying	d, traded or tra Date Acquired	nsferred during the repor Disposition to: Name and Address	ting period covered by to Date and Manner of Disposition	this statement.  Disposition Value  Attach statement of how yalue is determined.
information, if applicable.		•		Value is determined.
-				
of that committee. Assets may be disposed	of at any time, but	must be disposed of prior to	lissolution.	
Assets acquired by a political committee must of that committee. Assets may be disposed *An asset is defined as any one item that he a cost/value of \$1,000 or more at the time of	of at any time, but as a useful life of r	must be disposed of prior to	lissolution.	

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.