



RECEIVED TOWN CLERK  
BRAINTREE, MA

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

2018 JAN 18 AM 11:17

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

Type of Report: (Check one)

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

Lisa Hege  
Candidate Full Name (if applicable)

Braintree School Committee  
Office Sought and District

16 Connelly Circle, Braintree MA 02149  
Residential Address

Telephone Number (optional):

Friends of Lisa Hege for School Committee  
Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0.00"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="0.00"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0.00"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0.00"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0.00"/>
Line 8: Name of bank(s) used:	<input type="text"/>

**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:

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box 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: Lisa Hege (Candidate's signature)    Date:



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

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2018 JAN 18 AM 11:09

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="87.95"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="87.95"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="87.95"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0.00"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="Braintree Cooperative Bank"/>

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Signed under the penalties of perjury:  (Treasurer's signature)    Date:

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Signed under the penalties of perjury:  (Candidate's signature)    Date:



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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

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Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature)      Date:

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Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature)      Date:











## 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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0.00