

Form CPF M 102: Campaign Finance Reprose Municipal Form EGISTRARS OF VOTERS Office of Campaign and Political Finance JAN | AM | 47

File with: City or Town Clerk or Election Commission							
Fill in Reporting Period dates: Beginning Date: Fill in Reporting Period dates: Fill in Report dates: Fill in Reporting Period dates: Fill in Reporting Period							
Type of Report: (Check one)							
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution							
Jennifer Lemmerman Candidate Full Name (if applicable) Ward 2 Alderman Melvose Office Sought and District 21 Bay State Rel. Melvose MA 12176 Residential Address Committee to Flect Jennifer Lemmerman Committee Name Name of Committee Treasurer Z1 Bay State Rel. Melvose Committee Mailing Address							
E-mail: jenyward 2 C gmail. com							
Phone ** (optional):							
SUMMARY BALANCE INFORMATION:							
Line 1: Ending Balance from previous report							
Line 2: Total receipts this period (page 3. line 11)							
Line 3: Subtotal (line 1 plus line 2)							
Line 4: Total expenditures this period (page 5. line 14)							
Line 5: Ending Balance (line 3 minus line 4) 1327.28							
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: Eastern 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 an behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature)							
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, or 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 QR 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:							

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)
ine 9: Total Rece	ipts over \$50 (or listed above)	0	
ine 10: Total Receipts \$50 and under* (not listed above)		0	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	6	← 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.)

report all expend	ditures. Please include your comm	ittee name and a page number on	caen bakes)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/20/18	American Foundation for Suicide Arwentton	150 wall St New York, My	Donation to	50.00
4/9/18	Metrose Education Foundation	P.O. Box 760891 Metrox, MA 02176	Flock Fundraiser	50.00
4/9/18	Metrox Education Foundation	Metrose my osite	Flock Fundraiser	50.00
6/18/18	Metrose Police	50 W FOSTER ST METROSE, MA OZIZO	Golf Tournament denotion	100.00
Line 12: Total Expenditures over \$50 (or listed above)				
		Line 13: Total Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 250.				
t IC. 1 in 13 should include only those expenditures not itemized				

^{*} 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 4

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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No.			
		<u>j</u>	1
ine 9: Total Receipt	rs over \$50 (or listed above)	0	
Line 10: Total Receipts \$50 and under* (not listed above)			
The 10. Total Receipts \$50 and thider (not listed above)			
ine 11: TOTAL RE	CEIPTS 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.