

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachu	usetts			File with: City or Town	n Clerk or Election (Commission
Fill in R	Reporting Period dates: Beginning Date: 3	125/201			12019	2011111331011
	Report: (Check one) by preceding preliminary 8th day preceding election	☐ 30 da	y after election	year-end rep	ort 🔲 dissolı	ution
An	Candidate Full Name (if applicable)	OH	HITTEL TO	Committee Name	AHITA	
	Office Sought and District	AB	CAHAM 5. Nai	ne of Committee Treasu	urer	
26	STANWOOD, SWAMBSOTT, MA 01907 Residential Address	27	MORTON AN	Sudfulfs mmittee Mailing Addre		0/90
Telephone N	Number (optional):	Telephon	e Number (optional):			
	SUMMARY BALAN	CE INFO	RMATION:			
	Line 1: Ending Balance from previous report			-0-	100	TOW
	Line 2: Total receipts this period (page 3, line 11)		900	= 三	109
	Line 3: Subtotal (line 1 plus line 2)			900	22	
	Line 4: Total expenditures this period (page 5, lin	ne 14)	Na company (Company)			
	Line 5: Ending Balance (line 3 minus line 4)	1		900	9 45	3
	Line 6: Total in-kind contributions this period (pa	ige 6)		7		ž.
	Line 7: Total (all) outstanding liabilities (page 7)		2	479		
	Line 8: Name of bank(s) used: EASTERN	BANK				
certify that I lactivity, including activity, including activity	Committee Treasurer: have examined this report including attached schedules and it is, to the best ding all contributions, loans, receipts, expenditures, disbursements, in-kind y of all persons acting under the authority or or behalf of this committee in the penalties of perjury:	contributions a	ınd liabilities for this r	reporting period and reporting period and reporting period and reporting for the first period and reporting period	resents the campaign	ance n
	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)				
I certify the	te with Committee and no activity independent of the committee hat I have examined this report including attached schedules and it is, to the if 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	cordance with	owledge and belief, a the requirements of M	true and complete states I.G.L. c. 55. I have not	ment of all campaigs received any contrib	n finance outions,
I certify th	e without Committee <u>OR</u> Candidate with independent activity filing se nat I have examined this report including attached schedules and it is, to the tivity, including contributions, loans, receipts, expenditures, disbursements finance activity of all persons acting under the authority or on behalf of this	best of my kno	owledge and belief, a ibutions and liabilities	tot fur tehorning herro	d and represents the	n

(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 Pasidontial Address	age number on e	\$ 100
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	NAURAY WILLIAM CARROLL		
12 2019	33 MORTON LD, SuitAPSOOT	1-0	01/0
		100	10/14
Must	MATTHEOT JACQUELINE DRACANI 15 ALASSON DOSIGHORSOOT		0 1
4/14/2019	15 NASSON DOSIGNORSONT	700	Engla LATITEON
	PAUL J. OWYEL SOLHPSOOT		
4/15/2019	I	200	PET OF OO POLOUE : 2 LIE
110/21	25 NEIGHBORHEOD RD	acc	RETIRED O COLDWELL BONNEL
2/ /	ABRAHAM J. NASSAR		BROCKLERGE, C.
3/25/2019	10 PRADOIS PO, SO AUPSOOT	150	NA
./ ,	CHRISTINE TIEPNEY		ECOLDAZIL BANKEL BROCKER AGE, CLE
4/1/2019	R3 NASON RD, SONARY PSGOTT	250	COAL ESTATE AGENT
11			
111		4	
		1	
-	e1		
			*
		22	11 2
ne 9: Total Receipts	s over \$50 (or listed above)	900	
		700	
ne 10: Total Receipt	s \$50 and under* (not listed above)		
ie 11: TOTAL RE	CEIPTS IN THE PERIOD	900 4	- Enter on page 1, line 2
		7,0-1	include only those receipts not itemized above.

^{*} 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)
V 10 V 2			
	· · · · · ·		
			in the second se
9: Total Receipts	over \$50 (or listed above)		
	\$50 and under* (not listed above)		· · · · · · · · · · · · · · · · · · ·
	EIPTS 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.

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

Date Paid	tures. Please include your comn To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
				19
			3: (x	*
	Li	ne 12: Total Expenditures ove	er \$50 (or listed above)	
8 *	Li	ne 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 → Lin	ne 14: TOTAL EXPENDITU	IRES IN THE PERIOD	

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	39			
		Line 12: Expenditures over \$50 (or listed above)	
		Line 13: Expenditures \$50 and un	der* (not listed above)	~ <u>`</u>
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	

^{*} 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	on Value
			7	
	α			
	<u> </u>			
24			111111111111111111111111111111111111111	
	,			
- 4				
		Line 15: In-Kind Contributions ov	ver \$50 (or listed above)	
	į	Line 16: In-Kind Contributions \$50	0 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CON	TRIBUTIONS	

* 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.

Page 6

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	Amoun
3/21/2019	NO CITERST LOUK	25 ERIE AUE 01950 WEWBURYPORT, NA	XABD SIENS+ STARS	2040
4/1/2019	STAPLES	17 PARHOISE RD SALBN, MA	DOOL LEAFET	439
			5	
	te .			
,				

	V			
				50
				- X
	Enter on page 1, line 7 → Li	ine 18: TOTAL OUTSTANDING	G LIABILITIES (ALL)	1.479

\$ put into Campaign



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachi	usetts	Pilowith City of Town Challes Please Committee
Fill in R	eporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 23 Self Ending Date: 5 12 2019
1727775	Report: (Check one) by preceding preliminary	1 30 day after election year-end report dissolution
	Candidate Full Name (if applicable) Sect HAN - District 6 Office Sought and District	COMMITTEE TO BLECT CALAMITA Committee Name ABLAHAY I. NASSAL Name of Committee Treasurer
2657	Residential Address	27 MORTOWLD. SWAMPSCOTT, MA 01901 Committee Mailing Address
Telephone N	fumber (optional):	Telephone Number (optional):
	SUMMARY BALANC	E INFORMATION:
	Line 1: Ending Balance from previous report	No. 1
	Line 2: Total receipts this period (page 3, line 11)	
	Line 3: Subtotal (line 1 plus line 2)	4.067
	Line 4: Total expenditures this period (page 5, line	e 14) 4,067 (0
	Line 5: Ending Balance (line 3 minus line 4)	-0- 5 -1
	Line 6: Total in-kind contributions this period (pag	ge 6) — — — —
	Line 7: Total (all) outstanding liabilities (page 7)	_0-
	Line 8: Name of bank(s) used: Edsteen h	ANC
certify that I le ctivity, includinance activity	committee Treasurer: have examined this report including attached schedules and it is, to the best of ling all contributions, loans, receipts expenditures, disbursements, in-kind con y of all persons acting under the authority or on behalf of this committee in ac 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:
OR CANI	DIDATE FILINGS ONLY: Affidayir of Candidate: (check 1 box of	only)
I certify th activity, of	e with Committee and no activity independent of the committee nat I have examined this report including attached schedules and it is, to the be f all persons acting under the authority or on behalf of this committee in accor ny liabilities nor made any expenditures on my behalf during this reporting pe	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.
I certify the	e without Committee <u>OR</u> Candidate with independent activity filing sepa at I have examined this report including attached schedules and it is, to the be tivity, including contributions, loans, receipts, expenditures, disbursements, ir finance activity of all persons acting under the authority or on behalf of this c	est of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
gned under t	the penalties of perjury:	(Candidate's signature) Date:

2976

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)
Meraes	ANDREA CALAHITA DIGO	2976	
VARIOUS	KIY NASSAR 01907 27 MOLTON RD SWENTSONT, NA	191 -	COMPLIANCE OFFINE ANG
1			
	15	1	
	CANDIANTE PAID DUT-OF-	POCKET-	NO LIABILITES OUTSTANDINE
	As of 5/12/2019.		
ine 9: Total Receipt	ts over \$50 (or listed above)		
ine 10: Total Receip	ts \$50 and under* (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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/24/2019		49 SLED WOOD LP SWAN PEST, MA	STANIS	116-
4/26/2019	v v			35-
	~ /			35-
4/2-1/2019	NORTHEAST INK	NEWRYKYBET, MA	VALO SIGNS YSTALZ	2040-
	STAPLES	17 PALADISE PD SALEM, MA	POOR LEHFETS	439-
\rangle		LAGELS.	LANGES, ETC	[9]
Thethorg	/		FLYELS	1,211
	-			
	7/AUD-27			
	-	Line 12: Expenditures over \$50	(or listed above)	4,067
		Line 13: Expenditures \$50 and un	nder* (not listed above)	
	Enter on page 1, line 4 -		TRES IN THE PERIOD	4,067

^{*} 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 Contributio	n Value
			ii.	
			The contract of the contract o	
	Li	ine 15: In-Kind Contributions ov	er \$50 (or listed above)	
	Li	ne 16: In-Kind Contributions \$50) & under (not listed above)	
	Enter on page 1, line 6 → Li	ne 17: TOTAL IN-KIND CON	TRIBUTIONS	NONE

* 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.

Page 6

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	Amour
		= =		
	×		5	
	e a			
				10
×				W. Company
				<u> </u>
I	Enter on page 1, line 7 → Line 18:	TOTAL OUTSTANDING	G LIABILITIES (ALL)	MAN