

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commissi	io
Fill in Reporting Period dates: Beginning Date: Aug 25, 2013	Ending Date: Oct 18/2013	
Type of Report: (Check one)	offer election vear-end report dissolution	
8th day preceding preliminary 8th day preceding election 30 day a	after election year-end report dissolution	
Neisha M. Boulanger Candidate Full Name (if applicable)	Committee Name	
Ward 3 City Council Office Sought and District	Name of Committee Treasurer	
48 Overland St.		
Residential Address	Committee Mailing Address	
Telephone Number (optional): 978 677 4313 Telephone	Number (optional):	
SUMMARY BALANCE INFO	RMATION:	4
Line 1: Ending Balance from previous report	Ø	
Line 2: Total receipts this period (page 3, line 11)	Ø	
Line 3: Subtotal (line 1 plus line 2)	Ø	
Line 4: Total expenditures this period (page 5, line 14)	250.00	
Line 5: Ending Balance (line 3 minus line 4)	Ø	
Line 6: Total in-kind contributions this period (page 6)	Ø	
Line 7: Total (all) outstanding liabilities (page 7)	9	
Line 8: Name of bank(s) used: N/A		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my known activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance	us and Haplittles for this reporting before and represents and campaign	ice
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 activity, of all persons acting under the authority or on behalf of this committee in accordance wincurred any liabilities nor made any expenditures on my behalf during this reporting period.	with the requirements of Wi.C.D. c. 33. I have not received	ı fina utior
Candidate without Committee OR Candidate with independent activity filing separate report including attached schedules and it is, to the best of manner activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this committee.	ly knowledge and belief, a true and complete statement of an earlyment contributions and liabilities for this reporting period and represents the	n ,
Signed under the penalties of perjury: Nesha Boulane	(Candidate's signature) Date: 10/28/13	

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)
Line 9: Total Re	ceipts over \$50 (or listed above)		
Line 10: Total Re	eceipts \$50 and under* (not listed above)		
Line 11: TOTA	L RECEIPTS IN THE PERIOD	Jim and Time 10 at	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)
Line 9: Total Re	ceipts over \$50 (or listed above)		
Line 10: Total Re	eceipts \$50 and under* (not listed above)		
7 4 month	L RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9,130/13	Nor East Design	leominster, MA	Yard Signs	250.00
		Line 12: Expenditures over		250.
	Enter on page 1, line 4		0 and under* (not listed above) NDITURES IN THE PERIOD	250.

^{*} 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 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.

ate Incurred	To Whom Due	Address	Purpose	Amount

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