

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City on Town Charle on Florian Commission
Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commissio Ending Date: 4/28/17
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Lynn Anne White	None -
Candidate Full Name (if applicable)	Committee Name
Office Sought and District 211	Name of Committee Treasurer
74 Setterland Farm Rd Hand Residential Address	Committee Mailing Address
E-mail: Whitely 2003 @ yahoo.com	E-mail:
Phone # (optional): 781 706 912 3	Phone # (optional):
SUMMARY BALANCI	INFORMATION.
SUMMARI BALANCI	Company of the Compan
Line 1: Ending Balance from previous report	NA
Line 2: Total receipts this period (page 3, line 11)	5.00
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)	0.0 - 5.00 erra
Line 6: Total in-kind contributions this period (pag-	e 6)
Line 7: Total (all) outstanding liabilities (page 7)	8
Line 8: Name of bank(s) used:	
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 conference of the contribution of t	ntributions 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 actions and the penalties of perjury:	cordance with the requirements of M.G.L. c, 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of Candidate)	(Notation 5 Signature)
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 be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting persons.	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c, 55. I have not received any contributions.
Candidate without Committee OR Candidate with independent activity filing sepa I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	st of my knowledge and belief, a true and complete statement of all campaign
	Date: 4/28/17

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)
1/17-4/28/17	Hone error Lynn A. White	\$1.00	
Line 9: Total Receip	ts over \$50 (or listed above)	0	
Line 10: Total Receip	ots \$50 and under* (not listed above)	5.00	
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	5.00	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetetti isting required)	1 Milyunt	(101 CONTINUED OF PROPOSITIONS)
		S	
		3	
		·	
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under include them in line	! <u>!</u>	d 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 B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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[\ \	\mathbb{N}			
		9		
<u> </u>		2		
	1/			
		72		
				<u> </u>
		Line 12: Euronditures aver \$50	(or histad abova)	
		Line 12: Expenditures over \$50	(or instear above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
10 1 1		include them in line 12. Line 13 sh		

^{*} 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
pone				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	,	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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
None				

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	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	