

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 5/,	4/18 Ending Date: 2019 31/18
Type of Report: (Check one)	5 50
	30 day after election vent the bat EFK dissolution
Ellen Larkin Rollings Candidate Full Name (if applicable)	THE COMMITTEE TO ELECT Ellen LANKIN Collines Committee Name
SBIRCTMAN MCSTWOOD MA Office Sought and District	JOSEPH LOYDEN Name of Committee Treasurer
86 GREENNILL RD WEST WOOD MA Residential Address	136 School St Wastwood MA 02090 Committee Mailing Address
Telephone Number (optional): 781 - 762 - 1347	Telephone Number (optional): 781-32(-57/2
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	869,68
Line 2: Total receipts this period (page 3, line 11)	373.12
Line 3: Subtotal (line 1 plus line 2)	1242,80
Line 4: Total expenditures this period (page 5, line	1173.12
Line 5: Ending Balance (line 3 minus line 4)	L9.68
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	2(16.53
Line 8: Name of bank(s) used: Name of bank	M BANK IN WESTWOOD MA
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 of finance activity of all property and a the contributions of the con	ontributions 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 a Signed under the penalties of perjury:	(Treasurer's signature) Date: JAM/(L/22/9)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	LAPDEN
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting the liabilities nor made any expenditures on my behalf during the liabilities nor made any expenditures on my behalf during this reporting the liabilities nor made any expenditures on my behalf during the liabilities nor my behalf d	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.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the being finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or or behalf of this	in-kind contributions and liabilities for this reporting period and represents the

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)		Occupation & Employer Amount (for contributions of \$200 or	
5. 22.18	Julie McDonala 145 School ST Westwood MA 02090	2001	SANDEI ASST DIRECTUR POR HEAlth, SARETY+ ENVIRONMENT
5-16-18	Ellen Rollings 86 Greenvill RD Mestuces Mass 02000	9249	OUT OR POCHET EXPENSE
6.13.18	Ellen Rollings 86 Green ville 20 Westugen Mass 02090	80,13	OUT OF POCKET EXPENSE
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-		*	
	85		
		li-	
ne 9: Total Receip	ts over \$50 (or listed above)	373 12	
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RE	ECEIPTS IN THE PERIOD	373"	← [] Enter on page 1, line 2

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.)

Date Paid (alphabetical listing) Address Purpose of Expenditure Amount	port all expenditures. Please include your committee name and a page number on each page.)				
	Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	5/11/18	FreeJook	Mcala Ponk CA	ADVERTISHENT	१३.५९
Line 13: Total Expenditures \$50 and under* (not listed above)	5/23/18	Rollings	BL GRECHHILL NO Westward MA 02090	LOAN REPAYMENT	1,000.00
Line 13: Total Expenditures \$50 and under* (not listed above)					h
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)		-			
Line 13: Total Expenditures \$50 and under* (not listed above)			8		
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)		,			
	Line 12: Total Expenditures over \$50 (or listed above)		1,/73.12		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD	Line 13: Total Expenditures \$50 and under* (not listed above)				
7, Or Publish 1, mile 1		Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1,173.12

^{*} 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 3

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
				11 18
ontributes more that	bution is received from a person who a \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	over \$50 (or listed above)	n = E
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.		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	Nome

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
3 -23-18	BILEN Rollines	OL GREEN 11,11 RD WEST WOOD MA 02050	Stroles Plyons	259.00
3 72.18	Ellen Rollings	86 GREENVILLE TO Westwood MA 02096	VISTA PRINT DOUR HANGERS	397.84
4.2.18	Ellen Rollings	BL Greenville Ro Westwood MA 02090	VISTA PRINT ROCK CONDS	148.73
3.17.18	Ellen Rollings	86 GREEN VIlle 700 Westward MA 02090	UPS Copies	183,33
4-12-18	Bllaw Rollings	BL Green Ville Po INCOMMA 02090	STAPLES - LETTORS+ ENVELOPES	483.38
	SUBTOIN R	TAGE MONTILLER MO		1,144.25

SCHEDULE D: LIABILITIES

M.G.L. c. 35 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
4-24-18	Ellen Rollings	BL GREEN HILL TO WESTWOOD MA	STABLES PAINTING	34.68
4-10-18	Blan Rollings	BL Green VILL RD WOOTHOOD MA	USTS POSTNEC	470.00
5.8.18	Ellan Rollings	86 GRECHVILLED WESTWOOD MA	Wild Blossom COMPAIGN BYEAT	503,98
4.20.18	BIIEN Rolling	86 GACCHVILLETO WESTWOOD MA	PACCBOOK ADVERTISING	134.19
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		THIS PAGE		1,144.15
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