

Affidavit of Committee Treasurer:

## Form CPF M 102: Campaign Finance Report **Municipal Form**

RECEIVED Municipal Form
TOWN CLERK Office of Campaign and Political Finance
READING, MA.

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates:  Beginning Date: 01/01/	/2018 Ending Date: 03/16/2018
<ul><li>Γype of Report: (Check one)</li><li> ☐ 8th day preceding preliminary  ☐ 8th day preceding election  ☐</li></ul>	☐ 30 day after election ☐ year-end report ☐ dissolution
SHERRI LYNN VANDEN AKKER  Candidate Full Name (if applicable),	5 Horns Vmoo AKKth Fon School Committee Name
School Committee / READING- Office Sought and District 271 Summer AVE, ROADING, MA 01867	NAME OF COLES  Name of Committee Treasurer  274 Summen Aut Reading MA 0186
Residential Address E-mail: Showi For School CommiTTELE OGMAN COM	E-mail: Mcoles 249@9m21/·com
Phone # (optional): 781 718 - 5289	Phone # (optional): 617 699-4626

SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	<del></del>
Line 2: Total receipts this period (page 3, line 11)	-2,350 °° 2,450 "
Line 3: Subtotal (line 1 plus line 2)	2,350 2,450
Line 4: Total expenditures this period (page 5, line 14)	1.551.79
Line 5: Ending Balance (line 3 minus line 4)	898.21
Line 6: Total in-kind contributions this period (page 6)	<del></del>
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Repolito Coop	BANK

acti fina	ertify 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 ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign ance 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.  Date: 03/26/18
Sigi	ned under the penalties of perjury:
FC	OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
<b>1</b>	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, of 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 OR 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.
Sign	ned under the penalties of perjury: Date: 03/24/8

#### **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 caleridar 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)
02/15/18	SHORMI VANDON AKKON 271 SUMMON MVE, ROLLIN, MA	1,000	Propesson Como onte
02/23/18	5/touri Vincon AKKEN 271 Summer Par, Redy, MA	750°	Protesson / CAMPIDATE
02/26/18	Brany Brann 54 Lewover Rd Reasub, MA 01867	500	MANNSHWE DINESTUR FINST REPUBLIC
02/26/18	MICHELE SAWAHY 75 GLENMENE CIRCLE PERDING MA 01867	100	NA
03/05/18	EMW GAFTEN 15 HONOIK RD POADING, MA 01867	100	N/A
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		3.	
Line 9: Total Recei	pts over \$50 (or listed above)	2,350	2,450
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	-70	← 2, 450 Enter on page 1, line 2

<sup>\*</sup> 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	(alphabetical listing required)	Amount	(101 CONCINUATIONS OF \$200 OX MOTE)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	2,4500	← Enter on page 1, line 2

<sup>\*</sup> 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.)

	To Whom Paid	nittee name and a page number or		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
02/2/8	Consolly Paurus	178 G111 5T. WBMA, MA 01801	CAMPANON STOR + PAULED MATERIALS	155/2
:				
		Line 12: Total Expenditures over	er \$50 (or listed above)	i
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
02/21/18	CONNULLY PRINTING	17861/15T/01801	CAMPAIGN SI ONS + PRIMED MUTTON HL	1,53/.7
***				
		\		
		Line 12: Expenditures over \$50	0 (or listed above)	1.551.7
100 T. 180	Line 13: Expenditures \$50 and under* (not listed above)			6-
		Line 14: TOTAL EXPENDIT	the state of the s	1551· ±

<sup>\*</sup> 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
MA	NA	NA	NA	N/A
	·			
·				
	·			
				· .
		Line 15: In-Kind Contributions	over \$50 (or listed above)	#0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	#0

<sup>\*</sup> 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
NA	NA	N/A	NA	N/A
				:

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)