

# Form CPF M 102: Campaign Finance Report Municipal Form Coffice of Campaign and Political Finance RECEIVED TOWN CLERK'S OFFICE

2014 MAR 24 PM 4: 25

Till in December 1	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	Ending Date: 3/24/2019/98				
Type of Report: (Check one)					
☐ 8th day preceding preliminary	30 day after election year-end report dissolution				
David Levine	Committee to Elect DAVIV LEVINE				
Candidate Full Name (if applicable)	Committee Name				
School Committee Milford	Kris Levine				
Office Sought and District	Name of Committee Treasurer				
& Ruserfeld Avenue Milford MA. U.757	8 Ruserfell Derve M/ful MA. 01757				
Residential Address	Committee Mailing Address				
Telephone Number (optional):	Telephone Number (optional):				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	X				
Line 2: Total receipts this period (page 3, line 11)	752.97				
Line 3: Subtotal (line I plus line 2)					
	752-97				
Line 4: Total expenditures this period (page 5, line	214) 2/2.97				
Line 5: Ending Balance (line 3 minus line 4)	40.00				
Line 6: Total in-kind contributions this period (page	ge 6) B				
Line 7: Total (all) outstanding liabilities (page 7)	652.97				
Line 8: Name of bank(s) used: Commerce	BANK				
Affidavit of Committee Treasurer:					
I cortify that I have examined this report including attached schedules and it is, to the heat of	of my knowledge and belief, a true and complete statement of all campaign finance				
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or finance activity of all persons acting under the authority or per lichalf of this committee in a	intributions and liabilities for this amouting period and assurant, et a				
Signed under the pondition of perjury:	(Treasurer's signature) Date: 3/27/20)4				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box easty)					
Candidate with Committee and no activity independent of the committee					
activity, of all persons acting under the authority or on behalf of this committee in accommend any liabilities nor made any expenditures on my behalf during this reporting g	post 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,				
Candidate without Committee OR Candidate with independent activity filling sen	strate removir				
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 technic of this	committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/27/20)4				

#### **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)
2/11/2024	POUL LEVING (luan) 8 Normall AVE, MIGHT MA	54241	MS One Apount Group
3/21/2019	David Kevine (Ivan) 8 Risen GII Avenue Milford MA	110-56	Mountly manse  MS Doubboat Gove
3/4/2014	PAUL LEUINE 8 NUSAKU AKNE MIKISMA	60.w	M. Onelopment GOVP
	The Tallette Another Million and		
Line 9: Total Recei	pts over \$50 (or listed above)	212.97	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	40.00	-752.97
	ECEIPTS IN THE PERIOD	Mb E	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)**

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
		:		
ne 9: Total Receip	ts over \$50 (or listed above)			
	ots \$50 and under* (not listed above)		ton page 2	
		T 40 00		
	ECEIPTS IN THE PERIOD	752.97	← 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

	aditures. Please include your committee name and a page number on each page.)  To Whom Paid  (Abbabasical Festive)				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
3/21/17	Just PAINT MA.	386 has Burlisher street Waraster, MA.	Fund Maison	560.w	
3/11/14	Sciolis Pina BAN	MITONMA.	Franser food	110-56	
קואונגר	Sisns Plus	M. Iford MA.	Pulitocal Sisms	542-41	
		Line 12: Total Expenditures over \$50 (or listed above)		7/2.97	
		Line 13: Total Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD  7/2. 97  If you have itemized expenditures of \$50 and under include them in line 12. Line 12 should include only these area literated in line 12.				7/2-97	

<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)**

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				:
				· • ·
4 on pa.4		Line 12: Expenditures over \$50	(or listed above)	<u> </u>
<b>e</b>	4 011 pg. 7	Line 13: Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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				

<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
	,			
		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 →	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<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
2/11/19	DAVISLEVINE	Rusenall Avenue Milford MA.	Luga	542-41
3/2/14	DAVIN LEVINE	M. / Karl MA	Loan	1/0-56
No. of the last of				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	652.9)