

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

Fill in Reporting Period dates: Beginning Date: 1/1/	/2017 Ending Date: 12/31/2017
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☒ dissolution
Jeffrey A. Boan	Committee to Cloct Jeff Bean
Candidate Full Næne (tf applicable)	Comzaittee Name
City Councillor at Large	Jacob Rean
Office Sought and District	Name of Committee Treusurer
1495 Pearl Hill Rd Residential Address	1495 Pearl Hill Rd
E-mail: beanandassociates@gmail.com	Commutex Mailing Address E-paral:
Phone # (optional) 202-446-8140	And Comment of the Co
COX AND OTHER	Phene 9 (aptional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$531.80
Line 2: Total receipts this period (page 3, line 11) 0
Line 3: Subtotal (line 1 plus line 2)	\$531.80
Line 4: Total expenditures this period (page 5, lir	ne 14) 0
Line 5: Ending Balance (line 3 minus line 4)	\$531.80
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	TO NOTICE AND ADDRESS OF THE PROPERTY OF THE P
Line 8: Name of bank(s) used: Webster First Credit	t Union
Affidavit of Committee Treasurer: I certify that I have examined this report meliating attached schedules and it is, to the best witivity, including all contributions, foans, receipts, expenditions, distributions, in Sund. Birance activity of all persons acting under the authority of on behalf of this committee in Signed under the penaltics of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	coverentializes and liabilities for this reporting period and represents the escopaign accordance with the requirements of M.G.L. e. 55 (Treasurer's signature) Date: 1/15/2017
Candidate with Committee and no activity independent of the committee certify that I have assumed 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 no incurred any habilities nor made any expendatures on my behalf during thes reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period.
Candidate without Committee OR Cambidate with independent activity filing so I centrly that I have examined this report including attached schedules and it is, to the finance activity, including contributions, leans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on belieff of this	e best of my knowledge and belief, a true and complete statement of all campaign k, in-kind contributions and liabilities for this reporting period and represents the is committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Caraktate's signature) Date: ///b/30)

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.)

	Name and Residential Address		Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
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		1-19-1-19-1			
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	·				
			Public Processing Control of Cont		
ne 9: Total Receij	ots over \$50 (or listed above)				
Line 10: Total Receipts \$50 and under* (not listed above)					
Line 11: TOTAL RECEIPTS IN THE PERIOD 0			← 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)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
Line 9: Total Recei	pts over \$50 (or listed above)				
Line 10: Total Rece	ipts \$50 and under* (not listed above)		:		
	RECEIPTS IN THE PERIOD	0.00	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 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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		<u> </u>		
		Line 12. Total Ferranditure	on \$50 (on listed share)	
		Line 12: Total Expenditures ov	er 550 (or fisted above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		Line 13. Total Expellutures \$30	and ander (not listed above)	<u> </u>
	Enton on mass 1 line 4	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0
	Enter on page 1, line $4 \rightarrow$	include them in line 12. Line 13 st		L

^{*} 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
	·			
ii a				
			,	
				;
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	0.00

^{*} 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 6 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		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0.00

^{*} 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
				`
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0.00