

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachuse	etts		File wit	th: City or Town Cler	k or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/		1/1/10	1/16 Ending Date: (MANAOUSE)		
Type of R	Report: (Check one)	1		12(31 (10
• •	preceding preliminary 8th day preceding el	ection 30 day	y after election	√ear-end report	Sissolution
and the second s	SALLY CRABIN	com	my Hee to elect		RABIN
	Candidate Full Name (if applicable) SCHOOL ()WWWHCL		Linda Bui	nmittee Name	Ä,
	Office Sought and District		< same	Committee Treasurer	OLER
E-mail:	Residential Address ALLYCRABIN QVEVIZON ONE	ME-mail:	Committee l\	ee Mailing Address	· · · · · · · · · · · · · · · · · · ·
Phone # (optio	onal): 978 - 320 - 1335	Phone # ((optional):		
	SUMMARY BA	ALANCE INFO	RMATION:		
Parenta.	Line 1: Ending Balance from previous re	port	763	203	
	Line 2: Total receipts this period (page 3,	line 11))	
	Line 3: Subtotal (line 1 plus line 2)	1 1	763	3,03	
	Line 4: Total expenditures this period (pa	ge 5, line 14)	6		-
	Line 5: Ending Balance (line 3 minus line	÷ 4)	763	0.03	
	Line 6: Total in-kind contributions this pe	eriod (page 6)	age 6)		
	Line 7: Total (all) outstanding liabilities (page 7)			
	Line 8: Name of bank(s) used:		- C credit	1 Union	
I certify that I hactivity, including finance activity	ommittee Treasurer: nave examined this report including attached schedules and it is ing all contributions, loans, receipts, expenditures, disbursemen of all persons acting under the authority or on behalf of this co the penalties of perjury:	its, in-kind contributions immittee in accordance w	and liabilities for this reporti	ing period and represe .L. c. 55.	
FOR CANI	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)			
I certify th activity, of	e with Committee and no activity independent of the comminant I have examined this report including attached schedules and f all persons acting under the authority or on behalf of this commy liabilities nor made any expenditures on my behalf during the	I it is, to the best of my k mittee in accordance with			
I certify th	e without Committee OR Candidate with independent active that I have examined this report including attached schedules and tivity, including contributions, loans, receipts, expenditures, disfinance activity of all persons acting under the authority or on the second contributions.	I it is, to the best of my ker bursements, in-kind cont	nowledge and belief, a true a tributions and liabilities for t	his reporting period a	nd represents the
Signed under t	the penaltics of perjury:		(Candidate's signat	ure) Date: _	***************************************