	÷					I Form Political Finance	RECEIN CITY CLERK	'S OFFICE
Commonwealth			Once of Ca	mþ	aign aut	i i onneai rinanco	CITY OF MAR	LBOROUGH
f Massachusetts						Fil	c with 2019 or Nowh Cieff	or Electical Corner
Fill in Repo	orting Period dat	es: Begini	ning Date:	01	/01/2019	Ending Da	tc: 10/28/2019	
Type of Rep	oort: (Check on	e)					X-10-10-10-10-10-10-10-10-10-10-10-10-10-	
x 8th day pr	eceding preliminar	y 🗌 8th day p	receding election	Ľ	] 30 day	after election	year-end report	dissolution
	Davi	d P. Doucette		1	<b></b>	Committe	e to Elect Dave Douce	ette
u - La fallaria albartela - La fa	Candidate Ful	Name (if applicable)		1			Committee Name	
	City Cou	incilor, Ward 2		]			Daniel J. Caruso	
	Office So	ught and District				Name	e of Committee Treasurer	
	17 Arcadia Ci	rcle, Marlborough M/	01752	]		P.O. E	Box 320, Marlborough, M	A 01752
	Reside	ntial Address				Com	mittee Mailing Address	
Felephone Numb	er (optional):	508-624-9664		J	Telephone	e Number (optional):	508-439-0927	
Γ		SUMM	ARY BALAN	CF	E INFO	RMATION:		
	I tan 1. Dadie					[	24,49	
	Line I: Ending	g Balance from p	revious report				24.49	
	Line 2: Total	eceipts this perio	d				640.00	<u>'</u>
	Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period						664.49	]
							418.83	
	Line 5: Ending	g Balance (line 3	minus line 4)	111123			245.66	
	Line 6: Total in-kind contributions this period					4.99		
	Line 7: Total	(all) outstanding l	iabilities		-0-			
	Line 8: Name	of bank(s) used:	Main Street Bank			•••••		]
certify that I hav ctivity, including inance activity o Signed under the FOR CANDI Candidate v certify that activity, of a	g all contributions, loan f all persons acting und t penalties of perjury: DATE FILINGS with Committee and no I have examined this re Il persons acting under	s, receipts, expenditures or the authority or on be over the authority of on be over the authority of the best of the port including attached the authority or on beha	candidate: (check 1 the of the committee of the committee schedules and it is, to the	i con n ac O Nox	ntributions cordance w only) est of my k	and liabilities for this r rith the requirements of (Treasurer's s 		ts the campaign 11/04/2019 of all campaign fin
I certify that finance activ	I have examined this re-	port including attached	penditures lisbursemen	he b its, i	est of my k in-kind cont	nowledge and belief, a tributions and liabilities	truc and complete statement s for this reporting period and requirements of M.G.L. c. 55	represents the
	e penalties of perjury:	1 1 1 1 1	1117	1	1 1 1.	(Candidate's	signature) Date:	11/04/2019

## **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)
10/27/2019	Craig Altemose 308 Summer St., Apt 1R Sommerville, MA 02141	50.00	
10/02/2019 10/06/2019	Tim Brainerd 64 Harrington Rd. Framingham, MA 01701	50.00 50.00	
10/08/2019	Daniel J. Caruso	50.00	
07/18/2019	Terra Freidrich P.O. Boc 2525 Acton, MA 01720	50.00	
07/23/2019	Donald Landers 84 Crosby Road Marlborough, MA 01752	100.00	
09/01/2019	Gary Marcos 166 Jersey Dtreet Marblehead, MA 01945	75.00	
-			
Line 9: Total Recei	pts over \$50 (or listed above)	425.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	215.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/27/2019	Act Blue	P.O. Box 441146 Sommerville, MA 02144-0031	Service Fees	11.88
10/23/2019	FT Signs	136 Main Street Marlborough, MA 01752	Sign Stakes	54.52
10/08/2019	Main Street Bank	81 Granger Boulevard Marlborough, MA 01752	Bank Fees	32.00
09/06/2019	Minuteman Press	160 Main Street Marlborough, MA 01752	Pamphlets	98.70
10/04/2019	Minuteman Press	160 Main Street Marlborough, MA 01752	Pamphlets	221.73
		Line 12: Total Expenditures ove	er \$50 (or listed above)	364.31
Line 13: Total Expenditures \$50 and under* (not listed above)			-0-	
Enter on page 1, line 4 $\rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD			URES IN THE PERIOD	364.31

\* 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
	[]			
	[]	[]		
		r.	· ·	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	4.99	
	Enter on page 1, line 6 $\rightarrow$	Line 17: TOTAL IN-KIND CO	4.99	

\* 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.

## 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 $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	-0-