



Commonwealth of Massachusetts

# Form CPF 102 BQ: Campaign Finance Report Ballot Question Committee Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

CPF ID# \_\_\_\_\_

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month Date Year Month Date Year

**Type of report: (Check one)**

- Initial Report
- 60th day preceding election
- 5th and 20th day of month until election
- 5th day of month after election if liabilities exist
- Year end
- Dissolution

\_\_\_\_\_

**Committee Name**

---

\_\_\_\_\_

**Name of Committee Treasurer**

---

\_\_\_\_\_

**Committee Mailing Address**

---

City \_\_\_\_\_ State & Zip \_\_\_\_\_ Tel. No. (optional) \_\_\_\_\_

**SUMMARY BALANCE INFORMATION:**

**Line 1: Ending balance from previous report** \$ \_\_\_\_\_

**Line 2: Total receipts this period** (page 2, line 11) \$ \_\_\_\_\_

**Line 3: Subtotal** (line 1 plus line 2) \$ \_\_\_\_\_

**Line 4: Total expenditures this period** (page 3, line 14) \$ \_\_\_\_\_

**Line 5: Ending balance** (line 3 minus line 4) \$ \_\_\_\_\_

-----

**Line 6: Total in-kind contributions this period** (page 4) \$ \_\_\_\_\_

**Line 7: Total (all) outstanding liabilities** (page 4) \$ \_\_\_\_\_

**Line 8: Name of bank(s) used** \_\_\_\_\_

**Affidavit of Committee Treasurer:**

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 all 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.

**Signed under the penalties of perjury:**

Treasurer's signature (in ink) \_\_\_\_\_

Date \_\_\_\_\_





## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<b>Line 15: In-kind over \$50</b>				
<b>Line 16: In-kind \$50 and under</b>				
<b>Line 17: Total In-kind</b>				

Enter on page 1, line 6

\* 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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				

Enter on page 1, line 7