



Form CPFA 10: CANDIDATE'S POST PRIMARY BALANCE STATEMENT

Commonwealth of Massachusetts

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 979-8300

CPF ID# _____
For Office Use

File on or before September 18, 2018

1. Candidate's Name _____

2. Balance as of September 4, 2018
 - a. Committee's Account \$ _____ (2a)
 - b. Candidate's Account (if any) \$ _____ (2b)
 - c. Savings Account, Money Market Account and Interest \$ _____ (2c)
 - d. Other (See M-98-02) \$ _____ (2d)
 - e. Add lines 2a, 2b, 2c and 2d Total \$ _____ (2e)

3. Reserve necessary to cover debts itemized on reverse side incurred to defray campaign finance expenditures incurred during this primary. \$ _____ (3)

4. Surplus - Subtract Line 3 from Line 2e \$ _____ (4)
If line 4 is zero or less, enter zero and skip lines 6-10, no payment is due. (Surplus Balance)

5. Total amount of public financing received for the Primary Election Campaign. \$ _____ (5)
(Public Financing Received)

6. Total contributions. (See M-98-02)
 - a. Committee Balance \$ _____ (6a)
 - b. Committee's Account \$ _____ (6b)
 - c. Candidate's Account (if any) \$ _____ (6c)
 - d. Contributions received but not deposited as of September 4, 2018 and Interest \$ _____ (6d)
 - e. Add lines 6a, 6b, 6c, and 6d Total \$ _____ (6e)

7. Add Line 5 and Line 6e Enter Amount \$ _____ (7)

8. Divide Line 5 by Line 7 Enter Amount \$ _____ (8)

9. Multiply Line 4 by Line 8 Enter Amount \$ _____ (9)

10. Are you a candidate in the State Election on November 6, 2018? _____ (10)

OVER



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If your answer to Line 10 is "No", you must refund the amount on Line 9 to the State Election Campaign Fund. If your answer to Line 10 is "Yes", you may have to refund the amount on Line 9 to the State Election Campaign Fund. Make check payable to the Commonwealth of Massachusetts. The check should be included with this report. Reports and payments are due on or before September 18, 2018.

SIGNED UNDER THE PENALTIES OF PERJURY

Signature of Committee Treasurer

Date

Signature of Candidate

Date

Liabilities (As of September 4, 2018)

Date Incurred	Name of Creditor	Purpose	Amount
TOTAL (Enter on line 3):			

Attach Additional Pages If Necessary