

Form CPF M-102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2016 JAN 14 PM2:38

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10-21-	
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30	day after election year-end report dissolution
JOHN 6. FLORES Candidate Full Name (if applicable)	John G. Flores Campaign Fund
TOWN COUNCILOR PCT Office Sought and District	Penney K. Hengley Name of Committee Treasurer
83 KEVENEY LANE 444 CUMMARQUID P. Residential Address MA 02637	Committee Mailing Address 02677
Telephone Number (optional):	phone Number (optional):
CYIN AN A A DIX TO A T A NICHT THI	EODM A TION.
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	#105.70
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	#109.38
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: THE COOPERATE	WEBANK OF CAPE COD
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my lactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accordation in the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-king	itions and liabilities for this reporting period and represents the campaign since with the requirements of M.G.L. c. 55. Date: The properties of M.G.L. c. 55. Th
campaign finance activity of all persons acting under the authority or on behalf of this comm Signed under the penalties of perjury:	(Candidate's signature) Output Date: 1/14/16

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)	
	2			
	·			
	-			
			121	
			*	
Line 9: Total Receip	ots over \$50 (or listed above)	0		
Line 10: Total Recei	pts \$50 and under* (not listed above)	0		
ine 11. TOTAL D	ECEIPTS IN THE PERIOD		6 F. Annual 11 C. 2	
If you have itemized			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)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
			e i e e e e e e e e e e e e e e e e e e	
ine 9: Total Receip	ts over \$50 (or listed above)	0		
ine 10: Total Receip	ots \$50 and under* (not listed above)	0		
11 70711 0	ECEIPTS 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	A11	
Date Paid	(alphabetical listing)	Address Purpose of Expendi	ture Amount
~			
	2	19	
		Line 12: Total Expenditures over \$50 (or listed above)	0
		T' 12 T / 1 T	
		Line 13: Total Expenditures \$50 and under* (not listed al	bove)
	Enter on mage 1 line 4	Line 14. TOTAL EVDENDITUDES IN THE DEDICAL	
		Line 14: TOTAL EXPENDITURES IN THE PERIOR er, include them in line 12. Line 13 should include only those experiences in the period of the peri	

^{*} 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
		Line 12: Expenditures over \$	550 (or listed above)	0
		Line 13: Expenditures \$50 an	nd under* (not listed above)	0
	Enter on page 1, line 4 =	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	0

^{*} 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
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	O
		Line 16: In-Kind Contributions	\$ \$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} 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
- 121-141-12				
		44-		
	_	Line 18: TOTAL OUTSTANDI		