

OCT 29 '18 AM 10:25
RECOMMERCERSTOWNMA101PK



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: August 18, 2018 Ending Date: October 19, 2018

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

SAMUEL A. MACLEOD
Candidate Full Name (if applicable)

TOWN COUNCIL DISTRICT 5
Office Sought and District

1114 So East St. AMHERST, MA
Residential Address

E-mail: SAM@SAMMACLEODFORAMHERST.COM

Phone # (optional): _____

THE COMMITTEE TO ELECT SAM MacLeod
Committee Name

CLYDE BENNETT
Name of Committee Treasurer

1114 So East St, AMHERST, MA 01002
Committee Mailing Address

E-mail: clylou@yahoo.com

Phone # (optional): 413 992 7587

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1614.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1614.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1815.62</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>-201.62</u>
Line 6: Total in-kind contributions this period (page 6)	<u>40.-</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0. -> 2781.53</u>
Line 8: Name of bank(s) used:	<u>TD BANK</u>

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)

Date: 29 Oct 2018

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 my knowledge and belief, a true and complete statement of all 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

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 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: Sam M. El (Candidate's signature)

Date: 29 Oct 2018

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)
17 Oct 2018	DEIGHTON, ERICA 281 POTWINE L. AMH	100	NOT EMPLOYED
16 Oct 2018	KORSON, TOM; 5759 E. 22nd Ave, DENVER CO 80207	250	NOT EMPLOYED
16 Oct 2018	MACLEOD, JOHN; 46 RED MAPLE W. CINCINNATI OH	200	RETIRED zip 45246
16 Oct 2018	MACLEOD, NORMAN 10 MAIN ST. ORANGE MA	200	RETIRED 01364
12 Oct 2018	MACLEOD, ROBERT 18 SERENE Ctr P.	100	ENGINEER, Nexen THE WOODLANDS TX 77382
8 Oct 2018	MACLEOD, DOUGLAS 7 WAGON WHEEL RD	100	PROTECT Mgr., BSCE NORTH ATTLEBORO, MA 02760
3 Oct 2018	MEYERS, SARA 4 LEICESTER RD	100	ATTORNEY, SHIRE BELMONT MA 02478
19 Oct 2018	STOREY, ALBERT 1161 SOUTH ECHO ST	100	NOT EMPLOYED AMHERST, MA 01002
25 SEPT 2018	TORREY, PHILIP 1450 S.E. STREET	100	NOT EMPLOYED AMHERST, MA 01002
Line 9: Total Receipts over \$50 (or listed above)		1250-	
Line 10: Total Receipts \$50 and under* (not listed above)		364-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1614-	

← 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.

