



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

Please print or type all information, except signatures.

2013 DEC -5 A 8:41

Fill in dates:

Month	Date	Year	Month	Date	Year
Reporting Period Beginning			Ending		

Type of report: (Check one)

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

KEN W. CLIFTON

Full Name of Candidate (if applicable)

TOWN COUNCILLOR, DIST 1

Office Sought and District

19 Hillsdale Rd, Randolph MA 02368

Residential Address

Tel. No. (optional)

Committee to Elect Ken Clifton

Committee Name

Karen Haynes - Clifton

Name of Committee Treasurer

19 Hillsdale Rd, Randolph MA 02368

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 525.84
Line 2: Total receipts this period (page 2, line 11)	\$ 2540.00
Line 3: Subtotal (line 1 plus line 2)	\$ 3065.84
Line 4: Total expenditures this period (page 3, line 14)	\$ /
Line 5: Ending balance (line 3 minus line 4)	\$ 2065.84

Line 6: Total in-kind contributions this period (page 4)	\$
Line 7: Total (all) outstanding liabilities (page 4)	\$ 917.00
Line 8: Name of bank(s) used	<u>Bank of Canton</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:

12/5/2013

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

12/5/13

Candidate signature (in ink)

Date

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.

This page may be copied 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)
10/18	Haaveem Catdler Clerham Grey 16302 Chestnut, Rand	100	
10/19	Calvin Grimes, PO Box 276 Stam West Tisbury, MA 02575	150	
10/21	Linda Schwartz 301 Highland Ave, Rand. 02368	75	
10/18	Stephen Atkins 470 S. Main, Rand 02368	100	
10/18	Jshu Samuel Rm 242 City Hall, 02201	100	
10/18	Miguel Fernandes 103 Ashleigh Ter, Taunton 02780	100	
10/18	Albert Villiant 43 Under Pkwy, Rand 02368	100	
10/12	Donald Levine 224 Foxhill Rd, Needham 02492	100	
10/17	Neal Shalom, 8 Sean Rd, BURLING 02445	100	
10/18	Hunter Emerson, BPS Wellesley, 02481	100	
10/17	Janelle Finter 11 Mangonia Ln, Dan, NH 03088	100	
10/17	Deam Oslea, 41 Schway, N. Andover 01945	100	
10/19	Edward Daley, 5 Van Beal, Randolph 02368	100	
10/17	Carlyson Caridzo, 19 Arrows Ave Winthrop 02152	100	
10/17	Erifite Greng, 11 Belleairve Ave Lynn 01904	100	
10/17	Mary Dolben, 213 South St. Reading 01867	100	
10/18	Lewis Heafitz, 67 Berntate 02965	100	
10/17	Bruce Levine, 7 Pine St. Needham 02492	100	
Line 9: Total receipts in excess of \$50 (or listed above)		1825	
Line 10: Total receipts \$50 and under* (not listed above)		715	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2540	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 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
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

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 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
10/28/13	Ida Gordon	46 Compton Sq, Dor Rand. 02368	Receipt items	150
10/30/13	Karen Hayes - Chpt	19 Hillsdale Rd, Randolph 02368	Ink cartons & paper	300
11/20/13	Kennick Clifton	19 Hillsdale Rd. Randolph 02368	Stamps	25
10/28/13	Kennick Clifton	19 Hillsdale Rd, Randolph 02368	Advertisement	232
10/29/13	Karen Hayes - Chpt	19 Hillsdale Rd, Randolph 02368	Fliers	210
Line 18: OUTSTANDING LIABILITIES (ALL)				907.00

Enter on page 1, line 7