



Form CPF M 102: Campaign Finance Report
Municipal Form
 Office of Campaign and Political Finance

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LAWRENCE

File with:

City or Town Clerk or Election Commission Please print or type all information, except signatures.

**CITY CLERK
 LAWRENCE, MA**

Fill in dates:
 Reporting Period Beginning Month 09 Date 15 Year 09 Ending Month 10 Date 24 Year 09

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

NICHOLAS KOLOFOLES
 Full Name of Candidate (if applicable)
COUNSILOR DISTRICT D
 Office Sought and District
35 AMES ST
 Residential Address
LAWRENCE, MASS 0184
 Tel. No. (optional)

KOLOFOLES ASSOCIATES
 Committee Name
CHARLES KOLOFOLES
 Name of Committee Treasurer
P.O. BOX 1221
 Committee Mailing Address
LAWRENCE, MASS 0184
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>1715.00</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1600.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3315.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2517.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>798.00</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0.00</u>
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:
Charles Kolofol
 Treasurer's signature (in ink) Date 10-24-09

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:
Nicholas Kolofol
 Candidate signature (in ink) Date 10-24-09

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)
9/17/09	STACY KULOFOLES	300	00	10 CARRIAGE WAY METUEN MA. GUIDANCE COUNCILOR
9/17/09	SCOTT LANE	500	00	1018 ESSEX ST LAWRENCE MA. CONSULTANT
9/23/09	LYN LOPEZ	300	00	6 WESLEY HAVEN ST AISM. N. H. SOCIAL WORKER
9/16/09	HELEN WOODS	500	00	POST BOX 221 NORTH RETIRED WINDOVER
Line 9: Total receipts in excess of \$50 (or listed above)		1600	00	
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		1600	00	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.

This page may be copied 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 (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/16/09	CONNELLY PRINTING	300 SALEM ST WOBURN MASS	PRINTING FLYERS	1697	00
9/15/09	FEDEX KINKO'S	391 S BROADWAY SALEM N.H	PRINTING POST CARDS	290	00
9/21/09	RUMBO	MOUNT VERNON ST LAWRENCE, MASS	ADVERTIZING	420	00
Line 12: Expenditures over \$50				2407	00
Line 13: Expenditures \$50 and under*				118	00
Line 14: TOTAL EXPENDITURES				2517	00

Enter on page 1, line 4

*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.

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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7