

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

REGISTRAR OF VOTERS

2015 FEB 11 P 7:38

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures

CITY OF MEDFORD

**Fill in dates:**

Reporting Period Beginning

Month 10

Date 18

Year 2014

Ending

Month Dec

Date 31

Year 2014

**Type of report: (Check one)**

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Christopher A Murphy

Full Name of Candidate (if applicable)

Medford School Comm

Office Sought and District

86 Park St

Residential Address

Tel. No. (optional)

Comm to Elect Chris Murphy

Committee Name

Brian Murphy

Name of Committee Treasurer

86 Park St

Committee Mailing Address

Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0

Line 2: Total receipts this period (page 2, line 11) \$ 0

Line 3: Subtotal (line 1 plus line 2) \$ 0

Line 4: Total expenditures this period (page 3, line 14) \$ 0

Line 5: Ending balance (line 3 minus line 4) \$ 0

Line 6: Total in-kind contributions this period (page 4) \$ 0

Line 7: Total (all) outstanding liabilities (page 4) \$ 0

Line 8: Name of bank(s) used CITICOR S BANK

**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.

Brian Murphy  
Treasurer's signature (in ink)

Signed under the penalties of perjury:

Feb 1, 2015  
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.

[Signature]  
Candidate signature (in ink)

Signed under the penalties of perjury:

Feb 1, 2015  
Date





**SCHEDULE C: "IN-KIND" CONTRIBUTIONS**

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
		N/A		
				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**

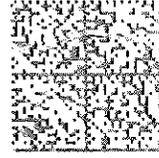
*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
		N/A		
				Line 18: OUTSTANDING LIABILITIES (ALL)

Enter on page 1, line 7

REGISTRARS OF VOTERS  
Medford City Hall  
Room 102  
Medford, MA 02155

**PLEASE OPEN  
IMMEDIATELY**



US POSTAGE



ZIP 02155 \$ 000.69<sup>0</sup>  
OC 114  
0001495754 JAN 08 2015

*Christopher A. Murphy*  
*241 Park St*

MURP241 021554040-1914 01/22/15  
NOTIFY SENDER OF NEW ADDRESS  
MURPHY  
86 PARK ST  
MEDFORD MA 02155-3923

FWD



60% RECYCLED PAPER  
30% POST-CONSUMER



0215532