



# Form CPFA 11: CANDIDATE'S POST ELECTION BALANCE STATEMENT

Commonwealth  
of Massachusetts

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 979-8300

CPF ID# \_\_\_\_\_  
For Office Use

**File on or before November 20, 2018\***

1. Candidate's Name \_\_\_\_\_
  
2. Balance as of November 6, 2018
  - a. Committee's Account \$ \_\_\_\_\_ (2a)
  - b. Candidate's Account (if any) \$ \_\_\_\_\_ (2b)
  - c. Savings Account, Money Market Account and Interest \$ \_\_\_\_\_ (2c)
  - d. Other (See M-98-02) \$ \_\_\_\_\_ (2d)
  - e. Add lines 2a, 2b, 2c and 2d                      Total \$ \_\_\_\_\_ (2e)
  
3. Reserve necessary to cover debts itemized on reverse side incurred to defray campaign finance expenditures incurred during this election. \$ \_\_\_\_\_ (3)
  
4. Surplus - Subtract Line 3 from Line 2e \$ \_\_\_\_\_ (4)  
**If line 4 is zero or less: skip lines 6-8 and enter zero on line 9** (Surplus Balance)
  
5. Total amount of public financing received for the General Election Campaign. \$ \_\_\_\_\_ (5)  
(Public Financing Received)
  
6. Total contributions. (See M-98-02)
  - a. Committee Balance (9/5/18) \$ \_\_\_\_\_ (6a)
  - b. Committee's Account \$ \_\_\_\_\_ (6b)  
(Deposited 9/5/18 to 11/6/18)
  - c. Candidate's account (if any) \$ \_\_\_\_\_ (6c)
  - d. Contributions received but not yet deposited \$ \_\_\_\_\_ (6d)  
as of 11/6/18 and Interest
  - e. Add lines 6a, 6b, 6c and 6d                      Total \$ \_\_\_\_\_ (6e)
  
7. Add Line 5 and Line 6e                                      Enter Amount \$ \_\_\_\_\_ (7)
  
8. Divide Line 5 by Line 7                                      Enter Amount \$ \_\_\_\_\_ (8)
  
9. Multiply Line 4 by Line 8                                      Enter Amount \$ \_\_\_\_\_ (9)

**OVER**

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The amount on Line 9 must be refunded to the State Election Campaign Fund. Make check payable to the Commonwealth of Massachusetts. The check should be included with this report. Reports and payments are due on or before November 20, 2018.

### SIGNED UNDER THE PENALTIES OF PERJURY

\_\_\_\_\_  
Signature of Committee Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

### Liabilities (As of November 6, 2018)

Date Incurred	Name of Creditor	Purpose	Amount
<b>TOTAL (Enter on line 3):</b>			

**Attach Additional Pages If Necessary**

\*Unenrolled candidates should contact OCPF for further directions.