

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

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Fill in R	eporting Period dates:	Beginning Date:	12/18	File with: Cit	y or Town Clerk or Election Commission
Type of	Report: (Check one)				/
		8th day preceding election	☐ 30 day	after election year-	end report  dissolution
Jes	miler cun	$\gamma_{l}$		11/0	
	Candidate Full Name (if a	pplicable)		Committee	Name
	Candidate Full Name (if a			Committee	Name
	Office Sought and Di	strict		Name of Committee	ee Treasurer
13 K	en Ln Grank Residential Addres	y, mA			
				Committee Maili	ng Address
Telephone N	umber (optional): 413 - 630	-5145	Telephone	Number (optional):	
		SUMMARY BALANC	CE INFOI	RMATION:	
				$\sim$	
	Line 1: Ending Balance	e from previous report	-		
	Line 2: Total receipts the	his period (page 2, line 11)		0	
	Line 3: Subtotal (line 1	plus line 2)		$\mathcal{O}_{i}$	
	Line 4: Total expenditu	ares this period (page 3, lin	ie 14)	\$ 1638.21	
	Line 5: Ending Balance	e (line 3 minus line 4)	-	\$ 1538.21	
	Line 6: Total in-kind co	ontributions this period (pa	ige 4)	Q	
*	Line 7: Total (all) outst	anding liabilities (page 4)	-	0	
	Line 8: Name of bank(s	s) used: <u>USA A</u>			
A CC J : 4 - C (					
I certify that I activity, inclu	Committee Treasurer: have examined this report including att ding all contributions, loans, receipts, ex y of all persons acting under the authori	xpenditures, disbursements, in-kind of	contributions a	nd liabilities for this reporting period	od and represents the campaign
Signed under	the penalties of perjury:			(Treasurer's signature)	Date:
FOR CAN	DIDATE FILINGS ONLY: A	affidavit of Candidate: (check 1 bo	x only)		
I certify to activity,	te with Committee hat I have examined this report includin of all persons acting under the authority any liabilities nor made any expenditure	or on behalf of this committee in ac-	cordance with	owledge and belief, a true and com the requirements of M.G.L. c. 55.	plete statement of all campaign finance I have not received any contributions,
	te without Committee				. J
I certify t	hat I have examined this report includin ctivity, including contributions, loans, re a finance activity of all persons acting ur	ig attached schedules and it is, to the eccipts, expenditures, disbursements	best of my kno , in-kind contri	butions and liabilities for this report	plete statement of all campaign ting period and represents the
Jumpungi	C			₹?	
Signed under	the penalties of perjury:	emilin	an	(Candidate's signature)	Date: 5/11/18

#### **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)	
			20%.	
		•	1	
			2%	
	g in a first or it			
Line 9: Total Recei	pts over \$50 (or listed above)			
ine 10: Total Rece	ipts \$50 and under* (not listed above)		$\downarrow \rangle$	
 Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

### **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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid	4.3.5	70 000		
Date Falu	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
3-5-2018	Yardsignwholesale.com	1813 E Colonias Dr. Orlando, FL 32803	yard signs	450.00	
5/10/18	Copy Cat Print Shop	BTA Damin Rd. NOrthumpton, MA	Post card	450.00	
5/11/18	usps	63 W State St. Granby, MA 01033	mailing	496.80	
5/11/18	Facebook		onure adm	56.86	
				-47	
				·	
		Line 12: Total Expenditures over \$50 (or listed above)		1453.66	
		Line 13: Total Expenditures \$50	94.85		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD					

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

## 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
	W. J. May		t the state of		
		A STATE OF THE STA	Acres Services	\$\$ \$ \$ \$ \$ \$	
- 1 may 1 m	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A special control of the special control of t	, â	1209	
. 3.	Maga Common Comm		Marie Royal Control	Xxxx	
contributes more than	oution is received from a person who \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	over \$50 (or listed above)	· ]	
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.		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS		

### 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
	·			
12.	Enter on page 1, line 7 =	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	