

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

MAY 17 PX 1:25

of Massachusetts	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	3/22/18 Ending Date: May 17, 2018				
Type of Report: (Check one)					
8th day preceding preliminary h day preceding elect	ion 30 day after election year-end report dissolution				
JAY JOYCE					
Candidate Full Name (if applicable)	Committee Name				
Selectman					
Office Sought and District 18 Jenni Per Drive	Name of Committee Treasurer				
Residential Address	Committee Mailing Address				
Telephone Number (optional):	Telephone Number (optional):				
SUMMARY BAL	ANCE INFORMATION:				
Line 1: Ending Balance from previous repor	t				
Line 2: Total receipts this period (page 3, lin	ne 11) 50 -				
Line 3: Subtotal (line 1 plus line 2)	50 -				
Line 4: Total expenditures this period (page					
Line 5: Ending Balance (line 3 minus line 4)	836.27				
Line 6: Total in-kind contributions this period	od (page 6)				
Line 7: Total (all) outstanding liabilities (page	ge 7)				
Line 8: Name of bank(s) used:	None				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to activity, including all contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this comm	the best of my knowledge and belief, a true and complete statement of all campaign finance n-kind contributions and liabilities for this reporting period and represents the campaign ittee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:(Treasurer's signature)					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che-	ck 1 box only)				
Candidate with Committee I certify that I have examined this report including attached schedules and it is activity, of all persons acting under the authority or on behalf of this committe incurred any liabilities nor made any expenditures on my behalf during this re	s, to the best of my knowledge and belief, a true and complete statement of all campaign finance are in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, porting period.				
Candidate without Committee I certify that I have examined this report including attached schedules and it is finance activity, including contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behalf	1				
Signed under the penalties of perjury:	(Candidate's signature) Date: 17 May 2018				

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)	
3/25/2018	louis Baery	\$ 50.00	Retires	
			,	
e 9: Total Receipts over	er \$50 (or listed above)			
e 10: Total Receipts \$5	0 and under* (not listed above)			
11: TOTAL RECEI	PTS IN THE PERIOD	50/	□ 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

(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

- Post an expend		e to complete, print and attach to the name and a page number on each p	page.)	ured to
Date Paid	To Whom Paid (alphabetical listing)	Address		
4/9/18	Staples	591 Memorial DR. Chicopee, MA.	Purpose of Expenditure Political SIGNS	Amount
419/18	Staples	591 Memoria DR Chicopee, MA.	Potitical Signs	\$332.5
4/5/18	DR. Don's Buttons, Bodges + Magnets	3906 W. MORROW DE. Glendale, AZ.	Political Buttons	\$128.27
4/26/18	Large Door HANGERS	275 Wyman st. Waltham, MA.	Political Door HANGERS	\$94.50
	Li	ne 12: Total Expenditures over	\$50 (or listed above)	\$886.27
	Li	ne 13: Total Expenditures \$50 a	and under* (not listed above)	Þ
	Enter on page 1, line $4 \rightarrow \text{Li}_{0}$ d expenditures of \$50 and under, inc	ne 14: TOTAL EXPENDITU	RES IN THE PERIOD	\$ 886,27

f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized ove. 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
contributes more than	ution 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)		
•		Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

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.

during this reporting pe	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				