

# Form CPF M 102: Campaign Finance Report TOWN GLERK Municipal Form Municipal Form · Office of Campaign and Political Finance

2017 JUN 15 M II: 59

RESERVED STATES OF THE STATES	\$ 23 t & 23 t t & 2
ile with: lity or Town Clerk or Election Commission Please print or type all information, except sig	ratures.
Fill in dates: Reporting Period Beginning   Date   Year   2017   Ending	Adonth Date Year
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after	election
C. Beck Pine Consittento	lect Recky Pine Selectman
Full Name of Candidate (if applicable)	Committee Name
Selection	1) 1/10 La
Office Sought and District  Name  530	of Committee Tressurer
A = A = A = A = A = A = A = A = A = A =	mittee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE INFORMA Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used	14) \$ 5 5 5 7 2 4 4 4 5 5 5 5 7 2 4 4 4 5 5 5 5 7 2 4 4 5 7 2
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowled finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions campaign finance activity of all persons acting under the authority or on behalf of this committee in accord Signed under the penalties of perjury:  Treasurer's signature (in ink)	ions and liabilities for this reporting period and represents the

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Į.	Alidavii of Candidate: (check i dox only)
C	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
б	inspace activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.O.L. c. 53. I have not received any
C	contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
(	] Candidate without Committee $\overline{ ext{QR}}$ Candidate with independent activity filing separate report
Ĩ	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:

Date Candidate alguature (in ink)

### 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 tumize 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 muniber on each page.

Date Name and Residential Address Received (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more)	
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slala	Convie Februs & Tedfapres GratauMA	140	gentlineh	NA	
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and the second s					
STORESTON TO STATE OF THE STATE	·				
Line 9:	Total receipts in excess of \$50 (or listed above)	100			
Line 10	: Total receipts \$50 and under* (not listed above)	50			
2 in a 11	: TOTAL RECEIPTS IN THE PERIOD	150	//	Enter on page 1, line 2	

<sup>\*</sup> 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	Amo	unt
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	Vistaprivt	VISTAPMATICOM 866-893-6743	postcord "handest		33
5-8-17	la arra da la	1 1 1 0 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	provincent for Hereld		31
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WAS THE TAXABLE TO TH	å	Line 12:	Expenditures over \$50	1328	30
		Line 13:	Expenditures \$50 and under*	30	60
	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES	1258	130

<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.

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#### 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	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> 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 Duc	Address	Purpose	Amount
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	. /			MACOUNTY AND
			e e e e e e e e e e e e e e e e e e e	
	<u> </u>			
P-0/2	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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