

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:			
City or Town	Clerk o	a Election	Commissio

Please print or type all information, except signatures. Fill in dates: Ending Reporting Period Beginning 2019 Type of report: (Check one) ☐8th day preceding preliminary ☑8th day preceding election ☐30 day after election ☐year-end report ☐dissolution Full Name of Candidate (if applicable) Committee Name Office Sought and District Name of Committee Treasurer St Gratin St Greton MA 01450 Committee Mailing Address Residential Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: 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 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) (3) Line 8: Name of bank(s) used 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. Signed under the penalties of periury: Tressurer's signature (in ink) FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity indepe	adent of the committee
I certify that I have examined this report including attac	sed schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
	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 expe	iditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with	independent activity filing separate report
	red schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaigi
	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. 35.
	ned under the penalties of perjury:
A Company of the State of the S	
All the state of t	5/16/13
Candidate signature (in ink)	Date

## 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 themize 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

number on each page.

Date			unt	Occupation & Employer (for contributions of \$200 or more)	
4/2/19	John Petropoulos MA 01450	224	\7	9616	
4)26/10	John Patroponlys 18 Kemp St Gratan MA 01450	)68	ا تو	Self Self	
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Line 9:	Total receipts in excess of \$50 (or listed above)	4	17	1	
	Total receipts \$50 and under* (not listed above)			1	
	TOTAL RECEIPTS IN THE PERIOD	444	1.7	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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/21/19	Imprint.com	14550 Beachmets Housten TX 71803	yard signs	776	1-7
4/26/19	Wix. oom	3601 Mission St Sonfrencisco CA	Yard Signs	168	<i>o</i> 0
4					
**************************************					
					100 August
					THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU
360///36/RAYS					
			Control of the Contro		
<u> </u>		Line 12:	Expenditures over \$50	444	ģ
		Line 13:	Expenditures \$50 and under*	#	
	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES	1	1

<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
		and the second s		
		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 Due	Address	Purpose	Amount
				NAME OF THE OWNER OWNER OF THE OWNER OWNE
		and the same of th	- Control of the Cont	
I	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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