

## Form CPF M 102: Campaign Finance Report

## Municipal Form · Office of Campaign and Political Finance

TOWNSHIERK

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res. 2020 JUN 30 A 9: 31
nth Date Year  A A Q O O
ion □year-end report □díssolution
ommittee Treasurer  Control MARING Address
Tel. No. (optional)
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Date Date
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nd belief, a true and complete statement of all campaign e requirements of M.G.L. c, 55. I have not received any and belief, a true and complete statement of all campaign and liabilities for this reporting period and represents the with the requirements of M.G.L. c, 55.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/29/20	Gooton Herald	Mow St Groton MA 01450	A d	598
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6/15/a0	4		***************************************	50 00
6(15/20	Signs on the Cheap	sign sorthecheaperon	SIGNS	184 62
6/15/20	Mailchinp	Mailchimpecon	Socialmedia	1061
6/15/20	MichelleMedy	Methoenest Methoen MA 01844	GiftCoid	10125
6(10/20	Marks Elfeather Stingson	LittletoNMA 1076reat RQ	Handouts	10500
6/15/20	BlockBidCafe	Groton, MA 01450 491 MainSt	Social	12840
6/15/20	Kathleen Phelps	Grotom MA01450 550 Mertins And Rd	Addayout Designer	170
6/20/20	Bertylive	Groton, MAOHSO 100 Hellis St	Postage	419
	· ·			
		Line 12: Expenditures over \$5	0 (or listed above)	1890,80
Line 13: Expenditures \$50 and under* (not listed				65,33
Enter on page 1, line 4   Line 14: TOTAL EXPENDITURES IN THE PERIOD  [956]  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.

## 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.)

horr an receibts. 1	lease include your committee name and a pa Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Recorred	BOX198, Grater M ACIYO		
		100000	
5 128120	Car Canner		in the second se
	640 Townsord Road, Graton Robe Lively Laurines		
10hn	MROLYSU MROLYSU	7620	
3 p8 20	BOBE LIMBY FORMINED	25	
	123 Farmers Prow Grater MA	# B	
6/1/20	Cornie Keeran & tedhapres	10000	·
<u> </u>	CONNIE RECORD (EURO)		
1 (	163 Tredian HillAd Grater, MA	300 00	Retired
671120	Sue 4 tz 01450	300	Relinea
May	28Chambers St Genter		
(100	28 Champry St Gootor Dois Young MADITED	2500	
6-1-20	BONS YOUNG		
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	The state of the s		A PARAMETER AND A PARAMETER AN
		1	
			A Arriva
Line 9: Total Rec	eipts over \$50 (or listed above)	5000	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11. TOTAL	RECEIPTS IN THE PERIOD	55000	← Enter on page 1, line 2
DARE II. LOIME	f coco I de instrute them in li	na O Tine 10 show	ald include only those receipts not itemized above.