

Candidate signs

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# Form CPF M 102: Campaign Finance Report

Municipal Form
Onice of Campaign and Political Finance

th: Town Clerk or Election Commission		ery (* 40 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	-		2921 HAY +	-
	ase print or ty	pe all informat	ion, except sign	atures.		
Il in dates: Month  porting Period Beginning 02	Deue O (	2021	Ending	Month 05	077	Z0 Z1
pe of report: (Check one) 8th day preceding preliminary   8	th day precedi	ing election [	]30 day after el	ection	□year-end rep	ort <b>Odissolu</b> tio
Jason Kauppi			- Andrews			
Full Name of Candidate (if ap			(	Committee	Name	
Office Sought and Distr 37 Townsend Road, 6	ia rotan M	<u> </u>	Name o	f Commit	tee Treasurer	,
Residential Address			Comm	ittee Mai	ling Address	
	Tel. No. (optio	(lani)			Tel. N	o. (optional)
Line 1: Ending ba Line 2: Total rece Line 3: Subtotal ( Line 4: Total expe Line 5: Ending ba Line 6: Total in-kin Line 7: Total (all) ( Line 8: Name of ba	ipts this gine 1 plus line enditures clance (line and contributoutstandin	period (page 2) this period 3 minus line 4 utions this p g liabilities	2, line 11) (page 3, line 1) period (page 4	\$ <u></u>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Edavit of Committee Treasurer: crify that I have examined this report including ance activity, including all contributions, loans, mpaign finance activity of all persons acting und	receipts, expendit or the authority or	ures, distructements,	, in-kind contribution warnittee in accordar	as and liabil	ities for this reportin	g period and represent
ressurer's signature (in ink)	:			- · · · · · · · · · · · · · · · · · · ·	Date	
FOR CAND	DATE FIL	LINGS ONL	Y: (CANDIDATE	E MUST SI	GN BELOW)	<del></del>
ffidavit of Candidate: (check 1 box only) Candidate with Committee and no activity		:				

contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Consisting OR Candidate with independent activity filing separate report.

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 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:

 :		5-11-21
	H	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 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.

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 eccived	Name and Residential Address (alphabetical listing required)	Amoun	t	Occupation & Employer (for contributions of \$200 or more)
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				The state of the s
	•			1
Line 9: Tota	al receipts in excess of \$50 (or listed above)	1		
Line 10: Tota	al receipts \$50 and under* (not listed above)			
Line 11: TO	0 0/	2	Enter on page 1, line 2	

above.

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#### 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.

mber on each Pate Paid	To Whom Paid (alphabetical listing)	Address	Pur	oose of Expenditure	Amount
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				nditures over \$50	
		<u> </u>	<del></del>	nditures \$50 and under*	
	Enter on page 1, line 4	Lin	ie 14:TO	AL EXPENDITURES	000

<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
3/11/21	Jason Karppi	337 Townsend Rd Groton MA	100 envelopes 1 ream of copy paper	#12.20
\(	\ (	<u>\</u>	80 stamps	\$44,00
N	7	`(	Printer use 100 pages	\$4,99
		Line 15	In-kind over \$50	6/19
		Line 16	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	Total In-kind	61,19

<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
			•	
· · · · · · · · · · · · · · · · · · ·	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0,00

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. printed on recycled paper

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