



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

TOWN CLERK
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2017 MAY -8 AM 9:44

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 2 Date 1 Year 2017 Ending Month 4 Date 20 Year 2017

Type of report: (Check one)
[] 8th day preceding preliminary
[X] 8th day preceding election
[] 30 day after election
[] year-end report
[] dissolution

Full Name of Candidate (if applicable): Peter L. Jeffrey
Office Sought and District: GFD Commissioner
Residential Address: 250 Nashua Rd
Tel. No. (optional): Groton, MA 01450

Committee Name: N/A
Name of Committee Treasurer:
Committee Mailing Address:
Tel. No. (optional):

SUMMARY BALANCE INFORMATION:
Line 1: Ending balance from previous report \$ 0.00
Line 2: Total receipts this period (page 2, line 11) \$ 310.00
Line 3: Subtotal (line 1 plus line 2) \$ 310.00
Line 4: Total expenditures this period (page 3, line 14) \$ 310.00
Line 5: Ending balance (line 3 minus line 4) \$ 0.00
Line 6: Total in-kind contributions this period (page 4) \$
Line 7: Total (all) outstanding liabilities (page 4) \$
Line 8: Name of bank(s) used

Affidavit of Committee Treasurer:
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...
Signed under the penalties of perjury:
Treasurer's signature (in ink) Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
[] Candidate with Committee and no activity independent of the committee
[X] Candidate without Committee 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...
Signed under the penalties of perjury:
Candidate signature (in ink) Date 5/8/17

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 Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
3/31/17	Peter Jeffrey 250 Washburn Rd Groton MA	310	00	Mobile Infrastructure
Line 9: Total receipts in excess of \$50 (or listed above)		310	00	
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		310	00	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 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	Amount	
3/31/17	A.G.E. Graphics	agegraphics@gmail.com	Campaign Signs	310	00
Line 12: Expenditures over \$50				310	00
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				310	00

Enter on page 1, line 4

*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 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
	<i>None</i>			
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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
	<i>None</i>			
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7



peter jeffrey <peter.l.jeffrey@gmail.com>

Transaction Receipt from A.G.E. Graphics LLC for \$310.00 (USD)

1 message

Auto-Receipt <noreply@mail.authorize.net>
Reply-To: JIM BUSHONG <agegraphics@gmail.com>
To: Peter L Jeffrey <peter.l.jeffrey@gmail.com>

Fri, Mar 31, 2017 at 8:45 AM

Order Information

Description: Online Payment for Proof ID: Peter Jeffrey Proof A
Customer ID Peter Jeffrey Proof

Billing Information

Peter L Jeffrey
250 Nashua Rd
Groton, MA 01450
peter.l.jeffrey@gmail.com
8572106206

Shipping Information

Peter Jeffrey
250 Nashua Rd
Groton, MA 01450

Total: \$310.00 (USD)

Payment Information

Date/Time: 31-Mar-2017 8:45:40 EDT
Transaction ID: 40042469442
Payment Method: Visa xxxx4571
Transaction Type: Purchase
Auth Code: 701354

Merchant Contact Information

A.G.E. Graphics LLC
LONG BOTTOM, OH 45743
US
agegraphics@gmail.com