

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



TOWN CLERK

File with:			2.32
City or Town	Clerk or	Election	Commission

Please print or type all inf	ormation, except sign	natures.	CE I MA	
Fill in dates: Month Deta You Reporting Period Beginning Ol CL Z	ol9 Ending	21201111	Detr Year	19
Type of report: (Check one)  ☐8th day preceding primary  ☐8th day preceding election	□year-end report	□dissolution	☐ other (speci	fy)
	Carlos Ing.	Tar to	x 41 x 2	
George F. Miller		Committee Nam		-
Full Name of Candidate (if applicable)		Committee Nam	10. A 100	
Selectman - Berkley Office Sought and District	Name	of Committee T	ressurer	
16 Parsons Walk	LA DESTRE		100001101	
Residential Address	Com	mittee Mailing A	ddress	
Berkley, MA 02779		MA US	<b>\$</b> _	
Tel. No. (optional)			Tel. No. (opti	onal)
	Name and Associated Street, Name of Street, Na			
SUMMARY BALA	NCE INFORMA	ATION:	7	1
Line 1: Ending balance from pro	evious report	S C	)	
Line 2: Total receipts this period	, <del></del> .	S	v3.77	
Line 3: Subtotal (line 1 plus line 2)	a (page 2, mie 11)			
			23.77	
Line 4: Total expenditures this		e 14) 5 <u>5</u>	23.77	1
Line 5: Ending balance (line 3 minu	is line 4)	\$	0	
Line 6: Total in-kind contributions	this period (ma	e 4) \$	U	
Line 7: Total (all) outstanding liab	-	S S	U	
		·Þ	0	
Line 8: Name of bank(s) used	None			)
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is finance activity, including all contributions, loans, receipts, expenditures, dish campaign finance activity of all persons acting under the authority or on behalf signed under the	ursements, in-kind contribut	tions and liabilities fo	r this reporting period	and represents th
Treasurer's signature (in ink)			Date	
FOR CANDIDATE FILING	SONLY: (CANDIDA	ate must sign b	ELOW)	+
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the commit certify that I have examined this report including attached schedules and it finance activity, of all persons acting under the authority or on behalf of this compilibutions, incurred any liabilities nor made any expenditures on my behalf of this Candidate without Committee OR Candidate with independent activity that I have examined this report including attached schedules and it finance activity, including contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on the persons acting under the persons acting under the authority or on the persons acting under the authority or on the persons acting under the authority or on the persons acting under the authority or o	is, to the best of my knowled committee in accordance will during this reporting periodity filing separate report is, to the best of my knowled sements, in-kind contributionals of this committee in accordance.	rith the requirements od. dge and belief, a true : ons and liabilities for t	of M.G.L. c. 55. I have and complete statemen his reporting period ar	t of all campaign
25-4		*	-219	
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 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)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
425-14	George Miller 16 Parties wells Berkhy MH-02775	503	77	Atternay
,	Berkhy MH-02775	* * .		
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4				
7 •			14	
0 g s				
Line 9:	Total receipts in excess of \$50 (or listed above)	503	7	
Line 10:	Total receipts \$50 and under* (not listed above)	10.0	C	꽃이 가게 보이면서 그녀의 점점이 가지 않는데 없다.
Line 11:	TOTAL RECEIPTS IN THE PERIOD	503	רכ	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.

Page 2

# 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	Amo	ount
4-25-19	Mest Dong Ayor	435 N. Michael Soddle Back V. Feliz	Printing	503	77
	*				
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1 18					
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Y	,,,,,,,,	1		Ŧ	
1	3.	The state of the s	Expenditures over \$50	503	77
Е	enter on page 1, line 4		Expenditures \$50 and under* TOTAL EXPENDITURES	503	77

<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. Page 3

# 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 the committee's records a From Whom Received*	Residential Address	Description of Contribution	Value
	al or taken and taken			
				7 BV
		Line 15: In-	kind over \$50	0
		Line 16: In-	kind \$50 and under	0
ge s N	Enter on page 1, line 6	Line 17: To	otal In-kind	0

<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
				т. , а
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the way of the first terms o	744
				1 10 10
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

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



File with: City or Town Clerk or Election Commission

Please print or type all info	ormation, except signatures.
Fill in dates:  Reporting Period Beginning 05 62 16	
Type of report: (Check one)  □8th day preceding primary □8th day preceding election	□year-end report □dissolution ☑ other (specify)
Full Name of Candidate (if applicable) Selectman—Berkley	Committee Name
Office Sought and District  16 Parcons uselk	Name of Committee Treasurer
Residential Address Berkley WA 02779	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liabil 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, the finance activity, including all contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf signed under the period.	(page 2, line 11)  S 975.00  S 975.00  S 1ine 4)  S 0  Ithis period (page 4)  Nun-e  to the best of my knowledge and belief, a true and complete statement of all campaign rements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
Treasurer's signature (in ink)	· · · · · · · · · · · · · · · · · · ·
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf and Candidate without Committee OR Candidate with independent activity 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 committee in accordance with the requirements of M.G.L. c. 55. I have not received an fouring this reporting period. It will filling separate report at the best of my knowledge and belief, a true and complete statement of all campaign tements, in-kind contributions and liabilities for this reporting period and represents the lif of this committee in accordance with the requirements of M.G.L. c. 55.
Candidate signatupg (in ink)	6-10-19 Date
Chiminate Signatus Cara and	

### 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		Amo	unt	Occupation & Employer (for contributions of \$200 or more)
319	16 Parsons unlk Berkly 11st	975	cv	Merny.
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ÅI I				
1		ing i		
2 b		7		1
Line 9:	Total receipts in excess of \$50 (or listed above)	975	00	e e e e e
	Total receipts \$50 and under* (not listed above)		0	
Line 11	TOTAL RECEIPTS IN THE PERIOD	975	100	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.

Page 2

### 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	Amou	int
53-14	U.S. Postal Sepulce	& E. Main ST. Aven Unterson	Postuse	975	00
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	A CONTRACTOR OF THE CONTRACTOR		2: Expenditures over \$50	975	
		Line 1:	3: Expenditures \$50 and under*	*	6
	Enter on page 1, line 4	Line 1	4:TOTAL EXPENDITURES	975	0

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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
5, 2				
				2
				3 ' 3
5" 8 10			In-kind over \$50	
250	Enter on page 1, line 6		In-kind \$50 and under	<i>6</i> 0
	Enter on page 1, mic o	Line 1/:	Total In-kind	0

<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
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370				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

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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