

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

y or Town Clerk or Election Commission Please print or type all infe	ormation, except signatures.
Fill in dates:  Reporting Period Beginning Jan Date  Yea	Ending Month Date Date
Type of report: (Check one)  Sth day preceding primary   8th day preceding election	□year-end report □dissolution □ other (specify)
Full Name of Candidate (if applicable)  Selectman, Town of Bellies  Office Sought and District  638 Benkley Still  Residential Address  5083280757  Tel. No. (optional)	Committee Name  Name of Committee Treasurer  Committee Mailing Address  Tel. No. (optional)
Line 1: Ending balance from pro- Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	(page 2, line 11)
I certify that I have examined this report including attached schedules and it is finance activity, including all contributions, loans, receipts, expenditures, disk campaign finance activity of all persons acting under the authority or on beha	penalues or perjuly.
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILING	S ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on benan of the contributions, incurred any liabilities nor made any expenditures on my beh    Candidate without Committee OR Candidate with independent act  I certify that I have examined this report including attached schedules and in	is, to the best of my knowledge and belief, a true and complete statement of all campaign irsements, in-kind contributions and liabilities for this reporting period and represents the half of this committee in accordance with the requirements of M.G.L. c. 55.

## 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

Probact Longton bookly MA 678 Bes Kley Str. Bookly MA	240		(for contributions of \$200 or more  Blecheicht Engineer  AIT Lincoln Las
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7.174			
2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
tal receipts in excess of \$50 (or listed above)			
	240	00	
	0.44		Enter on page 1, line 2
2	A STATE OF THE STA	al receipts in excess of \$50 (or listed above) al receipts \$50 and under* (not listed above) TAL RECEIPTS IN THE PERIOD	al receipts in excess of \$50 (or listed above)  al receipts \$50 and under* (not listed above)  TAL RECEIPTS IN THE PERIOD

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 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
	N 1			
		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
E	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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## 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

To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
AGE GRAphics	678 Collins RD Little Hocking, OH 45148	YARD SIGNS	241	n
		Hillian and		
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Inter on many 1. Hay 4	Control of the Contro			
		Line 12: H	Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and under*	Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and under*

<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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