Due on or Before 6/15/20

Form CPF M 102: Campaign Finance Report Leport

Municipal Form

Office of Campaign and Political Finance

RECEIVED

of Massachusetts	JUL 2.7 2020
	s or Town Clerk or Election Commission 5/05/2020 10/00 (Terris Office Whitman
Type of Report: (Check one)	File No.
Sth day preceding preliminary	1. M. O. D. W. and Co.
sth day preceding preliminary 8th day preceding election 30 day after election year-	end report dissolution
Steven D. Bris	of surk trules
Candidate Full Name (if ambirebla)	H-111
Regional School Committee TOPUSO	Name
Office Sought and District Name of Committ	tee Treasurer
Residential Address	E.Badgeniaer
E-mail: Dokuhitmin & aud . com E-mail: 1 + 1 90 100	ng Address MQ, 02333
Phone # (optional): Phone # (optional): NIA	MO 1. COM 1
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$
Line 2: Total receipts this period (page 3, line 11)	4
Line 3: Subtotal (line 1 plus line 2)	4
Line 4: Total expenditures this period (page 5, line 14)	6
Line 5: Ending Balance (line 3 minus line 4)	<u></u>
Line 6. Total in 12. 1	
Line 6: Total in-kind contributions this period (page 6)	ϕ
Line 7: Total (all) outstanding liabilities (page 7)	4
Line 8: Name of bank(s) used: Honson Federal Coult Un	1617
ffidavit of Committee Tressurer	
certify that I have examined this report including ottoched calculated as a distribution of the control of the	tatement of all campaign finance
ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period nance 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.	and represents the campaign
igned under the penalties of perjury:(Treasurer's signature)	Date: 7/177 1207
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee 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 completely, of all persons acting under the authority or on behalf of this committee.	ete statement of all campaign finance
and reporting period that are not otherwise disclosed in this report	t.
Candidate without Committee 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reportion campaign finance activity of all persons activity under the authority or on behalf of this candidate in accordance with the requirements of I	ete statement of all campaign ng period and represents the M.G.L. c. 55.
gned under the penalties of perjury:(Candidate's signature)	Date: 7 23 2020
(conditate's signature)	

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.)

Occupation & Employer Name and Residential Address (for contributions of \$200 or more) (alphabetical listing required) Amount **Date Received** Line 9: Total Receipts over \$50 (or listed above) Line 10: Total Receipts \$50 and under* (not listed above) Line 11: TOTAL RECEIPTS IN THE PERIOD 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 A: RECEIPTS (continued)

None In the state of the state				
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
Line 9: Total Receip	ts over \$50 (or listed above)	Φ		
Line 10: Total Receip	ots \$50 and under* (not listed above)	φ		
	ECEIPTS IN THE PERIOD	4	← Enter on page 1, line 2	
11 you have itemized r	eccipts of \$50 and under, include them in line	9. Line 10 shoul	d include only those receipts not itemized above	

^{*} 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		T. 40 P. 15	050 (as listed share)	4
		Line 12: Total Expenditures or	ver \$50 (or listed above)	Ψ
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	व
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				Amount
		Line 12: Expenditures over \$50 (or listed above)	ф
		Line 13: Expenditures \$50 and un	der* (not listed above)	4
		Line 14: TOTAL EXPENDITUI		(b)

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	Φ
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	ne 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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.

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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 $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	ф

