

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

		PHC With	CHYOI TO GIT CICIK WILL	CANDII CAMBINISSION
Fill in Reporting Period dates: Beginning Date:	[2020] E	Ending Date:	7/16/20	20
Type of Report: (Check one)				
· ·	30 day after ele	ection ye	ar-end report	dissolution
out day preceding premiumary				
CHARles B Sull-VAP				J
Candidate Full Name (if applicable)	V	Commi	ttee Name	,
SelecTHAN			75 H. 17 H	
Office Sought and District		Name of Con	mittee Treasurer	
46 HIGH ST				
Residential Address		Committee I	Mailing Address	
'elephone Number (optional): 358-644-588	Telephone Number	(optional):		
SUMMARY BALANCE	INFORMAT	rion:	· · · · · · · · · · · · · · · · · · ·	
Line 1: Ending Balance from previous report		~ 0 -		7
				FREE
Line 2: Total receipts this period (page 3, line 11)				TORR
Line 3: Subtotal (line 1 plus line 2)				2 電船
				OF
Line 4: Total expenditures this period (page 5, line	14)			
Line 5: Ending Balance (line 3 minus line 4)		_0-	4	OLERK
Line 6: Total in-kind contributions this period (page	e 6)			01
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used:				
				
Tidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best of tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cor- ance activity of all persons acting under the authority or on behalf of this committee in ac-	cordance with the rec		c. 55	ampaign finance the campaign
gned under the penalties of perjury:		(Treasurer's signatur		
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)			
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in accommended any liabilities not made any expenditures on my behalf during this reporting p	dance with the requ	and belief, a true an irements of M.G.L. (d complete statement of c. 55. I have not receive	fall campaign finance d any contributions,
Candidate without Committee OR Candidate with independent activity filing separate of a certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my knowledge			f all campaign represents the
wed and are the penalties of perimper	?	(Candidate's signatu	D 1 1 10 10 10 10 10 10 10 10 10 10 10 10	09/2020

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
	-				
		× ×			
	*				
ne 9: Total Receipt	ts over \$50 (or listed above)				
	ots \$50 and under* (not listed above)				
ne 11: TOTAL RE	ECEIPTS IN THE PERIOD	1 44.2	Enter on page 1, line 2		

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 (continued)

The second secon						
n.4. n.id	To Whom Paid	A didwara	Purpose of Expenditure	Amount		
Date Paid	(alphabetical listing)	Address	Turpose of Expenditure	/ mount		
	1					
	1					
		81				
				1		
1 1						
1 11						
10						
11						
Ш						
			a ** *			
	Line 12: Expenditures over \$50 (or listed above)					
Line 13: Expenditures \$50 and under* (not listed above)						
Enter on page 1, line 4 → Linc 14: TOTAL EXPENDITURES IN THE PERIOD						
Enter on page 1, line 4 -> Eithe 14: TOTAL EAT ENDITORIES IN The 12 should include only those expenditures not itemized						

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized bove.

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.

as mose numines mean ea daning mis reporting person.					
Date Incurred	To Whom Due	Address	Purpose	Amount	
			:		
				2	
			şr		
2	9		(4)		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)					