

FORM CPF M 102: Campaign Finance Report RECEIVED Municipal Form Municipal Form

Office of Campaign and Political Finance

2020 AUG 28 PM 2: 52

of Massachusetts		File w	ith: City or Town Clerk	or Election Commission	
	2020	Ending Date:		J. Leisvalder Schemmapperson	
Type of Report: (Check one)				- 31	
8th day preceding preliminary 8th day preceding election	⊠ 30 day	after election	year-end report	dissolution	
Trevor Matthews	Trevor	Matthews for Selectm	ian		
Candidate Full Name (if applicable)	Trever	Committee Name			
Board of Selectman	Chris C	Chris Cabral			
Office Sought and District		Name of Committee Treasurer			
6 Ida way, Assonet Ma, 02702	6 Ida v	ay, Assonet Ma, 0270			
Residential Address E-mail:	E-mail:	Committee Mailing Address E-mail:			
Phone # (optional): 6175812322	Phone #	optional):	6175812322		
		DALLETON			
SUMMARY BALANC	CE INFO	RMATION:			
Line 1: Ending Balance from previous report			\$700.0	0	
Line 2: Total receipts this period (page 3, line 11)		\$	0	
Line 3: Subtotal (line 1 plus line 2)			\$	0	
Line 4: Total expenditures this period (page 5, lin	ne 14)		\$	0	
Line 5: Ending Balance (line 3 minus line 4)			\$700.0	<u>o</u>	
Line 6: Total in-kind contributions this period (p	age 6)		\$	0	
Line 7: Total (all) outstanding liabilities (page 7)			0:	\$	
Line 8: Name of bank(s) used: St. Michaels Credit	Line 8: Name of bank(s) used: St. Michaels Credit Union				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, dispursements, in kind finance activity of all persons acting under the authority of on behalf of this committee in	contributions	and liabilities for this repor	ting period and represen	d campaign finance ats the campaign	
Signed under the penalties of perjury:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Cardidate with Committee Certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my k	me reduirements of taron	L. L. JJ. Allaye Holicool	of all campaign finance ived any contributions,	
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 statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:					

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	The second control of		
12			
39			
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		[6
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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	THE RESULT OF THE PERSON OF TH		
ne 9: Total Receipt	s over \$50 (or listed above)		
	es \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD		← Enter on page 1, line 2 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 report 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	
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		Line 12: Total Expenditures over \$50 (or listed above)			
	* .				
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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 above.

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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	
		Antiquine species			
		Line 15: In-Kind Contributions over \$50 (or listed above)			
	¥	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0	

^{*} 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
<u> </u>	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0