

Form CPF M 102: Campaign Finance Report Municipal Form

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Municip Office of Campaign a	
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ile with ity or Town Clerk or Election Commission Please print or type all infor	Sec.
Fill in dates: Reporting Period Beginning MAY 2 2012	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	☑30 day after election □year-end report ☑dissolution
DAVID I RECOUNCE	TREGONING ELECT
Full Name of Candidate (if applicable)	Committee Name PO Box 1194 / CHRISTOPHED HARTA
Office Sought and District 73 OLD PINE DR	Name of Committee Treasurer
Residential Address Ugwson MA 02371	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus lin Line 6: Total in-kind contributions th Line 7: Total (all) outstanding liabilit Line 8: Name of bank(s) used	e 4) \$ O nis period (page 4) \$
Elifo of Italia of Balak(b) abou	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, campaign finance activity, including all contributions, loans, receipts, expenditur and represents the campaign finance activity of all persons acting under the aut M.G.L. e. 55 Signed under the penalties of p	to the best of my knowledge and belief, a true and complete statement of all es, disbursements, in-kind contributions and liabilities for this reporting period hority or on behalf of this committee in accordance with the requirements of
FOR CANDIDATE FILINGS ONLY	(CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check I 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, campaign finance activity, of all persons acting under the authority or on behalave not received any contributions, incurred any liabilities nor made any expend Candidate without Committee OR Candidate with independent activity fil I certify that I have examined this report including attached schedules and it is, campaign finance activity, including contributions, loans, receipts, expenditures and represents the campaign finance activity of all persons acting under the auth M.G.L. c. 55.	If of this committee in accordance with the requirements of MGL c 55 I itures on my behalf during this reporting period ling separate report to the best of my knowledge and belief, a true and complete statement of all disbursements. in-kind contributions and habilities for this reporting period cority or on behalf of this committee in accordance with the requirements of
D. C. Tregoing	6/18/12

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

Date Received	(1		ount	Occupation & Employer (for contributions of \$200 or more		
04/19	Hathleen Morris 195 Jefferson St Braintre Moss	200	••	Self Employed		
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12 Jan		4.5 				
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			:	Type Section 1992		
Line 9: T	otal receipts in excess of \$50 (or listed above)	7.				
Line 10: T	otal receipts \$50 and under* (not listed above)	1146				
Line 11: T	OTAL RECEIPTS IN THE PERIOD	1346		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. 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	unt
5/2	Speedy Signi	Website	Campaign Signs	355	"
5/2	Campaign Flyers	K. Moms Printing	Campaign flyers	220	~
5/2	Port Office	Mary State of the	o Stamps to method	96	~ : ,,
5/2	Papa Ginos	Art Residence of the second	food for volunteers working call center	· · 47	46
5/2	Burtons Grill		Campaign Business meeting	47	40
5/2	Croskettis Deli		Most for ment raffle	425	~
5/2	Youth Sports		Campaign Donation to Houson Youth Sports	150	20
	3 S				
				7	
		\$1.75 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
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1.29					
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	18 W 18 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ers and a second		3
1					
	2			·	
	Water to the second	Line 12:	Expenditures over \$50		
			Expenditures \$50 and under*		
1	Enter on page 1, line 4		TOTAL EXPENDITURES		

^{*}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.

Date Received	From Whom Received*	Residential A	Address	Description of Contribution	Value
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				ž. yd	
	T. R. E. C. W.				
W.	t_{μ}	·	*		
				1 24:	- grankin
1.25°	\$ 300 195	V 4		NG. V-1	
		The section of the se	Line 15:	In-kind over \$50	
		11 KC 186 144	Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	algorithm of	Line 17:	Tetal In-kind	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

^{*} 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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	17 Dia.,	Marine Marine January January		\$ I mai
			- x - 1: - 1: - 1: - 1: - 1: - 1: - 1: -	
	•	1:	4	
*(Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	<u>.</u>

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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