



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

Type of Report: (Check one)  
 8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

2017 OCT 30 P 5:57  
 RANDOLPH  
 OFFICE OF CAMPAIGN AND POLITICAL FINANCE

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="N/A"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="\$313.44"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$313.44"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Santander Bank"/>

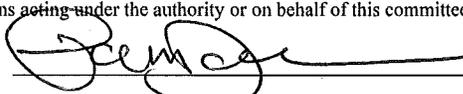
**Affidavit of Committee Treasurer:**  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature)      Date:

**FOR 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 best of my knowledge and belief, a true and complete statement of all campaign finance 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

**Candidate without Committee OR Candidate with independent activity filing separate report**  
 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:  (Candidate's signature)      Date:

## 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)
10-16-17	Self	\$313.44	Social Worker, Commonwealth of Ma Executive Office of Health and Human Services
Line 9: Total Receipts over \$50 (or listed above)		1	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1</b>	← 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.







# Printing Unlimited

63 PLYMOUTH STREET, HOLBROOK, MA 02343  
TEL: (781) 767-3970 • FAX: (781) 767-2770

# INVOICE

DATE	INVOICE #
10/24/2017	71869

**BILL TO:**

CTE Pam Davis

P.O. NUMBER	TERMS
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QUANTITY	DESCRIPTION	AMOUNT
	10 - 18 x 24 Coroplast Signs (1 Sided)	295.00T
	10 - 18 x 24 Coroplast Signs (2 Sided)	
	15 Wire Stakes	
	Mass Sales Tax	18.44

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63 PLYMOUTH STREET  
HOLBROOK, MA. 02343  
781-767-3970

### Phone Order

xxxxxxxxxxxx6978  
MASTERCARD

Entry Method: Manual

**Total: \$ 313.44**

10/28/17 09:07:30  
Inv #: 000000001 Appr Code: 450265

Apprvd: Online  
AVS Code: ZIP MATCH Z  
CVV2 Code: MATCH M

Customer Copy  
THANK YOU!



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**TOTAL \$313.44**