



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

2019 OCT 28  
File with: City or Town Clerk of 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

Kimberly Rowe  
Candidate Full Name (if applicable)

Office Sought and District  
12 Lewis Dr. 1  
Residential Address

E-mail: KWillette384@gmail.com

Phone # (optional): 617 291-4546

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	- 0 -
Line 2: Total receipts this period (page 3, line 11)	\$ 800
Line 3: Subtotal (line 1 plus line 2)	\$ 800
Line 4: Total expenditures this period (page 5, line 14)	\$ 607.20
Line 5: Ending Balance (line 3 minus line 4)	\$ 192.80
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	<u>Citizens Bank</u>

#### 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: [Signature] (Treasurer's signature) Date: 10/26/19

#### 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: [Signature] (Candidate's signature) Date: 10/26/19

## 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)
9/16/19	Kim Rowe 12 Lewis Dr. Randolph MA 02368	200	
9/25/19	William Alexopoulos 1245 N. Main St Rand. MA 02368	100	
10/19/19	Hugh & Christine Beagon 5 Lindberg Ave Randolph MA 02368	25	
10/16/19	Colleen Burgess 150 Pond St Rand. MA 02368	50	Finance
9/25/19	Paul McDermott 810 N. Main St Randolph MA 02368	40	Self employed
9/25/19	Joe Duhn	25	
9/24/19	Carol Frett 909 Hortonville Rd Swansea MA 02777	50	Retired.
10/15/19	Thomas & Patricia Kelly 820 Vernon St Bridgewater MA 02322	250	
9/16/19	Mina Kienzle 19 Terry Place Stratford CT 06614	10	Marketing
9/25/19	Maria Martin 7 Vesey Rd Randolph MA 02368	50	Self employed
Line 9: Total Receipts over \$50 (or listed above)		<del>2</del> 550	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		800	← 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.







