

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1 1 2	Ending Date: 4 22 2019
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)  Select man Town of Millbury  Office Sought and District  21 Waters St. Millbury MADISOT  Residential Address  E-mail:	Cheryl Lazzaro  Rame of Committee Treasurer  Jaclyn Rae Drive Milbuy MA  Committee Mailing Address  O152  ail:  ne #(optional):
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	40.80
Line 2: Total receipts this period (page 3, line 11)	100,00
Line 3: Subtotal (line 1 plus line 2)	140,80
Line 4: Total expenditures this period (page 5, line 14)	-0 - 3 89
Line 5: Ending Balance (line 3 minus line 4)	140.80 E 28
Line 6: Total in-kind contributions this period (page 6)	0 7 7
Line 7: Total (all) outstanding liabilities (page 7)	0 2 0
Line 8: Name of bank(s) used: M. IIbury C	redit Union 5
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my k activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributing finance activity of all persons acting under the authority or on behalf of this committee in accordance in activity of all persons acting under the authority 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 activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate reference in activity, including contributions, loans, receipts, expenditures, disbursements, in-kind	tions and liabilities for this reporting period and represents the campaign nee with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 4/24/19  my knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions, report my knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of this commi	

### **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)
1/5/19	Scott Despres 21 Workers Street	100	
Line 9: Total Receip	pts over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	100	← Enter on page 1, line 2

<sup>\*</sup> 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)**

Name and Residential Address Date Received (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
	,		
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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 (continued)**

	To Whom Paid		_	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				***************************************
	[1	Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				
f you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				

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

## 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
		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	

<sup>\*</sup> 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

## 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
-				
			-	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				