

## Form CPF M 102: Campaign Finance Report RÉCEIVED TOWN CLERK **Municipal Form**

Office of Campaign and Political Finance

2020 JAN 21 AM 11:21

MILLBURY MASS	File with: City of Town Clerk of Election Collinius store
Fill in Reporting Period dates: Beginning Date:	Ending Date: Dec 31, 2019
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election [	30 day after election vear-end report dissolution
Mary Krumsiek Candidate Full Name (if applicable) Selectman Office Sought and District Exception NR Milloung Residential Address E-mail: Mandc 318 e Verizon net Phone # (optional):	Committee to Elect Mary Krumsiek  Committee Name  Robert Hiser  Name of Committee Treasurer  Rayburn OR.  Committee Mailing Address  E-mail:  Phone # (optional): 508 865 - 1377
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 5)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:	880.35 980.35 980.35 980.35 980.35 980.35
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bother candidate with Committee)	of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1 - 19 - 2020  x only)  best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.

### **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.)

- Port an receipts: 2	lease include your committee name and a pa Name and Residential Address	I	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Received	(u.p.m.s		
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		American Control of the Control of t	
		And the second s	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
· 11 TOTAL I	RECEIPTS IN THE PERIOD	Φ	← Enter on page 1, line 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.

(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.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
15:29-19	Doreen Woodrich	21 Hill st Auburn ma	Work County select men ASSOC. Regimbusment	100-
5-18	Millbury little League	P.O.BOX Millbury Ma	Sponser	100 -
5-19	Millbury UFW	South main st Millbury ma	Donation	110 -
10-73	OLP bolf	ST Bernards Church our Lady of Providence 236 Lincoln Sthore	Sponsor	125-
Line 12: Total Expenditures over \$50 (or listed above)			435	
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD  U35			

<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 Page 4 above.

## 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	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<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 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
		Line 18: TOTAL OUTSTANI	DING LIARIUITIES (ALL)	Ø