

Form CPF M 102: Campaign Finance Report **Municipal Form** Office of Campaign and Political Finance RECEIVED TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:	4/17/2018 Ending Pater - 6 Police /15018			
Type of Report: (Check one)	FONGCROUGH, MA DOE			
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Candidate Full Name (if applicable)	Committee to Elect leah gibson Committee Name			
Scleetmas	Pane la 9/150N Name of Committee Treasurer			
Office Sought and District				
14 Farrway Ln Foxboro MA 03035 Residential Address	14 Farrway Lane Fexbero MA 02035 Committee Mailing Address			
Residential Address	Committee Mailing Address			
Telephone Number (optional): 508 962 0268	Telephone Number (optional): 774 266 0227			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	\$62.00			
Line 2: Total receipts this period (page 2, line 11)	1400,00			
Line 3: Subtotal (line 1 plus line 2)	2262 ;00			
Line 4: Total expenditures this period (page 3, line 14) 2269.16				
Line 5: Ending Balance (line 3 minus line 4)	-7,16 (forgiven by)			
Line 6: Total in-kind contributions this period (page 4)				
Line 7: Total (all) outstanding liabilities (page 4)				
Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used: 7 0 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: Camely flow (Treasurer's signature) Date: 6/6/3015				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)			
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acting under the activity and incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period.			
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	ts, in-kind contributions and liabilities for this reporting period and represents the ais committee in accordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury:	(Candidate's signature)			

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.)

	se include your committee name and a page nun Name and Residential Address		Occupation & Employer
Date Received	'(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
	DE CHIPTIC DI MITTE DEDICO		1 15 2
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2 Id include only those receipts not itemized above.

^{*} 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

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.)

eport all expendit	To Whom Paid			T
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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.		1		
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	·	ine 12: Total France ditagram	Φ50 (- 1° , 1 1 °)	
	[-	Line 12: Total Expenditures over	above)	
	I	Line 13: Total Expenditures \$50 a	nd under* (not listed above)	
	T	Line 14: TOTAL EXPENDITU		r

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	i NIA			
		·		
		·		
	·			
contributes more than	bution is received from a person who n \$50 in a calendar year, you must report	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
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.		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: To		Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	

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
			·	

Page 4

TD Bank	Name of Bank Used	Line 8	
N/A	Total (all) outstanding Liabilites	Line 7	
\$ 0.00	Total In Kind Contributions	Line 6	
-\$7.16 (forgiven by candidate)	Ending Balance (line 3 minue line 4)	Line 5	
\$2,269.16	Total Expenditires This Period (page 3, line 14)	Line 4	
\$2,262.00	Subtotal (line 1 plus line 2)	Line 3	
\$1,400.00	Total Receipts this Period (page 2, line 11)	Line 2	
\$862.00	Ending Balance Previous Report	Line 1	

Schedule A: Receipts

Occupation & Employer (if over \$ 200)	HR, MadPow*	
Amount		
Zip Code	02035	
State	MA	
City	Foxboro	
Residential Address	25 Camp Road	
First Name	Jessica	
Last Name	James	
Date	5/5/18	
	State Zip Code Amount	City State Zip Code Amount Foxboro MA 02035 200

Line 9:	Total receipts over \$50 (or listed above)
Line 10:	Line 1U: lotal receipts \$50 and under (not listed above)

\$200 1,200 1,400

(2.022 p.212) (2.212 p.12 2.22) (2.22)	Total Receipts in the period
	Line 11: Total

Schedule B: Expenditures

Date Paid:	ate Paid: To Whom:	Address	Purpose of Expense	Amount
¥85000	2118 Mileah Gibson	14 Fairway Lane	Reimbursed loan to campaign	889.82
4/27/18	7/27/18 The Sun Chronicle Media Group	34 S Main Street, Attleboro MA	Print Ad Foxboro Reporter	592.11
4/27/18	Hawk Marketing Group	153 Main Street, Foxboro MA	Post cards	704.00
5/10/18	James Gibson	14 Fairway Lane	Reimbursed for Sign Strapping	52.49
6/6/18	Hockomock Area YMCA	300 Elmwood Street, North Attleboro	Donation to close account	30.74

*reimbursed by campaign

\$2,269.16	N/A	2,269.16
Total expenditures this period	Total expenditures \$50 and under (not listed above)	Total expenditures in this period
Line 12:	Line 13:	Line 14: