

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance
RECEIVED
TOWN CLERK

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with: or Town Clerk or Election Commission Please print or type all information, exc	cept signatures OROUGH, MA 02025
77	-Pro-SETY-ROROUGH, MR OZE
Fill in dates: Reporting Period Beginning March 16 2020 E	nding May 39 2020
Type of report: (Check one) □8th day preceding preliminary □8th day preceding election □30 day	y after election
Com	insittee to Elect
Full Name of Candidate (if applicable)	Committee Name
STOPPICE TIME VIOLENCE	nanie Mc Gowan
Office Sought and District	Name of Committee Treasurer
Bom a of Selectivital	Committee Mailing Address
19 Rhodes Ln Foxbood Ma 02035 19 Rho	
Tel No (antional)	Tel No. (optional)
508-543-5799	
SUMMARY BALANCE INFO Line 1: Ending balance from previous repo Line 2: Total receipts this period (page 2, line Line 3: Subtotal (line 1 plus line 2)	5 3665,00 \$ 3065,00
Line 4: Total expenditures this period (page Line 5: Ending balance (line 3 minus line 4)	3, line 14) \$ 1348.00 \$ 17.7.00
Line 6: Total in-kind contributions this period	(page 4) \$
Line 7: Total (all) outstanding liabilities (page 4	<u> </u>
Line 8: Name of bank(s) used TDBank	Foxboro
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury Treasurer's signature (in ink)	in accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: (CA	NDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check I 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 finance activity, of all persons acting under the authority or on behalf of this committee in accordinations, incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with Independent activity filing separate is I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind comparing finance activity of all persons acting under the authority or on behalf of this committee.	report knowledge and belief, a true and complete statement of all campaign stributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	()
Stephanie Con Me Stavan	5/29/2020
Confidence demanting (in ink)	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 themize 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Name and Residential Address Received (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more)	
alu	Aldrich 12 Bicknell St. Foxbour , Ma 02035	⁴ 250		Medical Office manager Dr. Benjamin, Spingarn, + Rottenbe	
3 9	Buckley 6 Garnett Spillane Foxlavo Malduss	100	/	retired	
3/16	Eaglebrook Schoun 238 Dedhamst Norfolk Ma	°500		Restaurant	
3/16	Christopher Horne 60 Kenti Joes Way Wrentham 02093	1 200	-	Restaurant Manager Reglebnick Saloun	
5/28	Mulcary Poxboro Ma 02035	= 200		teacher Foxburs	
39	Ostis 72 Rogers Dr. Stoughten Ma 62072	₹500	1	retired	
3/20	Ostis 8 Payo. Rd Foxboo Ma 02025	*250	/	Insurance Agency Cavanaugh Insurance	
5/28	POWERS 44 Prispect St. Foxboro Ma 62035	<i>15</i> 00	1	retired	
0/16	Smith But skyline Dr Franklin Ma 02038	100	/	Server Eaglebrook Saloun	
3/16	328 Dednam St. Wrentham Ha 02093	*1a5		Server Faglebrook Saloun	
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	Total receipts in excess of \$50 (or listed above)	*a7a5	1-	_	
	Total receipts \$50 and under* (not listed above)	6340	1-	<u></u> .	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	3065	<u> -</u>	Enter on page 1, line 2 should include only those receipts not itemi	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

number on each page.							
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoi	ınt		
3/11/20	Hawk Marketing Grup	153 Main St. Foxbord Ma 02035	Campaign signs	61335	00		
4/30/20	Hawk Marketing Grup TDBank	153 Main St. Foxbord Ma 02035 Central St Foxbore, Ma 02035	Bank account	= 13	σò		
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• •- • •	are the second of the second o	f georgianism and applied approximately a financial a					
		Line 12:	Expenditures over \$50	1335	/		
		Line 13:	Expenditures \$50 and under*	- 13	_		
	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES	11348			

^{*}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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
			·	
•				
		-	·	
	,	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	0

^{*} 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.

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: OUTSTANDING LIABILITIES (ALL)		7)
	Enter on page 1, line 7	Line 18: UU151ANDING EIABIEITIES (ADE)		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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