



Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

RECEIVED
TOWN CLERK

2020 JUL -7 P 2:50

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

FOXBOROUGH, MA 02035

Fill in dates:
Reporting Period Beginning May 30 2020 Ending July 8 2020

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Stephanie Ann McGowan
Full Name of Candidate (if applicable)
Board of Selectman
Office Sought and District
19 Rhodes Ln Foxboro Ma 02035
Residential Address
508-543-5799
Tel. No. (optional)

Committee to Elect Stephanie McGowan
Committee Name
Ryanne McGowan
Name of Committee Treasurer
19 Rhodes Ln Foxboro, Ma. 02035
Committee Mailing Address
508-543-5799
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1717.00
Line 2: Total receipts this period (page 2, line 11) \$ 369.37
Line 3: Subtotal (line 1 plus line 2) \$ 2086.37
Line 4: Total expenditures this period (page 3, line 14) \$ 2086.37
Line 5: Ending balance (line 3 minus line 4) \$ 0
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 309.37
Line 8: Name of bank(s) used TD Bank Foxboro

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:

Ryanne C. McGowan
Treasurer's signature (in ink)

7/7/20
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Stephanie Ann McGowan
Candidate signature (in ink)

7/7/20
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 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.

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 Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
7/1/20	McGowan 19 Rhodes Lane Foxboro Ma 02035	369	37	Server Eaglebrook Saloon
Line 9: Total receipts in excess of \$50 (or listed above)		369	37	
Line 10: Total receipts \$50 and under* (not listed above)		0		
Line 11: TOTAL RECEIPTS IN THE PERIOD		369	37	

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.

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
6/8/20	Antonias Deli	10 Foxborough Blvd Foxboro, Ma 02035	Election Day lunch	153	38
6/7/20	Mandarin Chef	34 Mechanic Street Foxboro, Ma 02035	Campaign Meeting	84	85
6/1/20	Hawk Marketing	153 Main Street Foxboro, Ma 02035	Mailing Campaign Cards	1735	—
6/5/20	Home Depot	390 West Street Mansfield, Ma 02048	Materials to make signs for holding	50	85
6/8/20	Sals + Mats	8 Wall Street Foxboro, Ma 02035	Election Day Dinner	36	29
5/30/20	TD Bank	Central Street Foxboro, Ma 02035	Bank Account Fees	13	—
6/30/20	TD Bank	Central Street Foxboro, Ma 02035	Bank Account Fees	13	—
Line 12: Expenditures over \$50				2024	08
Line 13: Expenditures \$50 and under*				62	29
Line 14: TOTAL EXPENDITURES				2086	37

Enter on page 1, line 4

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				0

Enter on page 1, line 6

* 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
7/1/20	McGowan	19 Rhodes Lane Forsboro Ma	Personal loan	369.37
Line 18: OUTSTANDING LIABILITIES (ALL)				369.37

Enter on page 1, line 7