

Signed under the penalties of perjury;

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

File with. City or Town Clerk Delection Commissioners.

Date: 06/05/2020

_(Candidate's signature)

Fill in Reporting Period dates: Beginning Date:	[1/2020 Ending Date: 6/8/2026		
Type of Report: (Check one)	30 day after election		
8th day preceding preliminary 8th day preceding election	30 day after election ycar-end report dissolution		
Charles B Syllivan Candidate Full Name (if applicable)	Committee Name		
Select man Freetown Office Sought and District	Name of Committee Treasurer		
116 High Street	Committee Mailing Address		
Residential Address			
Telephone Number (optional): 508-644-5082	Telephone Number (optional):		
SUMMARY BALANC	CE INFORMATION:		
Line 1: Ending Balance from previous report	0.00		
Line 2: Total receipts this period (page 3, line 11)	1828.00		
Line 3: Subtotal (line 1 plus line 2)	1828.00		
Line 4: Total expenditures this period (page 5, lin	ne 14) 1828.00		
Line 5: Ending Balance (line 3 minus line 4)	~ 0 -		
Line 6: Total in-kind contributions this period (page 6)			
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used:			
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 Signed under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55.		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I bo			
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 activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign final ecordance with the requirements of M.G.L. c. 55. I have not received any contribution g period.		
Candidate without Committee OR Candidate with independent activity filing se 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 thi	eparate report e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the is committee in accordance with the requirements of M.G.L. c, 55.		

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.)

report an receipts.	Please include your committee name and a p Name and Residential Address	age number on ea	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
06/08/20	Charles B. Sullivan	1828,00	se/f	
Line 9: Total Recei	pts over \$50 (or listed above)			
	ipts \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD	1828,00	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(16) COMMINGUIS ST \$200 OF MOTE)
	*		
	(4, 1)		
	·		
ne 9: Total Receip	ots over \$50 (or listed above)	0	
ne 10: Total Receip	ots \$50 and under* (not listed above)	0	
ie 11: TOTAL RI	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
you have itemized r	receipts of \$50 and under, include them in lin	e 9.7 Line 10 shoul	d 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.)

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		
03/12	Post Lard marria	Clearwater Fla.	mailer	18-29.00		
	24	7)				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1828		
		Line 13: Total Expenditures \$50	and under* (not listed above)	0		
		Line 14: TOTAL EXPENDIT		1828		
If you have itemize	zed expenditures of \$50 and under,	include them in line 12. Line 13 s	hould include only those expenditure	es not itemized		

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

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				1	
11					
		4			
111	-		39		
				,,	
Line 12: Expenditures over \$50 (or listed above)					
		Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 → Linc 14: TOTAL EXPENDITURES IN THE PERIOD				
15 and have itemized our and it was a 6.550 and under include them in line 12. Line 13 should include only those expenditures not itemized				res not itemized	

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

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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
			10	
111		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not liste			\$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			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.

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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.

	ds mose neovinia					
Date Incurred	To Whom Due	Address	Purpose	Amount		
			201000			
			6			
	P.,					
L	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) Page 7						