RECEIVED FREETOWN TOWN CLERK

MAR 30 AM Form CPF M 102: Campaign Finance Reports: 25

Municipal Form
Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jan 1	, 2017 Ending Date: Mar 29, 2017
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Joel Anthony Pacheco Candidate Full Name (if applicable)	Committee Name
Selectman	Name of Committee Treasurer
Office Sought and District 136 County Road, East Freetown, MA 02717	14stille of Committee 119ss and
Residential Address	Committee Mailing Address
B-mail: JAP@joelpacheco.com	E-mail: Phone # (optional):
Phone # (optional): 508-763-3679	ritone * (updomar).
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	618.75
Line 3: Subtotal (line 1 plus line 2)	618.75
Line 4: Total expenditures this period (page 5, lin	ne 14) 618.75
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pe	age 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 finance activity of all persons acting under the authority or on behalf of this committee in	COULDINGOUS SUG HESTILIES TOLITIES LEBOTATIS BELLOG SUG LEBOSOUS DIS AMEDICALISMO
Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	
Candidate with Committee and no activity independent of the committee	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing s I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	to best of my knowledge and belier, a true and complete statement of an earning its, in-kind contributions and liabilities for this reporting period and represents the its committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: Mar 29, 2017

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.)

Occupation & Employer Name and Residential Address (for contributions of \$200 or more) Amount **Date Received** (alphabetical listing required) Joel Pacheco, 136 County Road, East 618.75 IT Director, ALIMed INC. Mar 17, 2017 Freetown, MA 02717 618.75 Line 9: Total Receipts over \$50 (or listed above) Line 10: Total Receipts \$50 and under* (not listed above) Line 11: TOTAL RECEIPTS IN THE PERIOD 618.75 \leftarrow 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 (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	- Language		
ine 9: Total Recei	ipts over \$50 (or listed above)		
ine 10: Total Rece	eipts \$50 and under* (not listed above)]
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← 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.

(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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				l la
-				
	Lucia de la composição de	Line 12: Total Expenditures of	ver \$50 (or listed above)	180
			50 and under* (not listed above)	
		Line 14: TOTAL EXPENDI		

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/17/2017	Sawicki&Son	1521 W. Lafayette, Detroit, MI 48216	lawn signs	618.75
	1			
•				
		Line 12: Expenditures over \$3	50 (or listed shove)	618.7
		Line 13: Expenditures \$50 and		
	Enter on page 1 line 4 -	Line 14: TOTAL EXPENDI		618.7

* 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 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		
	Enter on page 1, line 6 →	1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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 OUTSTAN	DING LIARILITIES (ALL)	