

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

UI WIESSELTIUSCHA			F	ile with: City or Town Cler	k or Election Commission	
Fill in Repor	ting Period dates: Beginning Date: 2/1/2	2020	Ending D			
Type of Repo	ort: (Check one)			all midin ton		
ices	ceding preliminary	☐ 30 day	after election	year-end report	dissolution	
Trevor Matthew		Trevor	Matthews for Sele			
Doord of Colom	Candidate Full Name (if applicable)	Chris C	'ahral	Committee Name		
Board of Select	Office Sought and District	Chris		ne of Committee Treasurer		
6 Ida Way, Ass	sonet MA, 02702	6 Ida V	6 Ida Way, Assonet MA, 02702			
	Residential Address			mmittee Mailing Address	00070	
E-mail:	TMatthewsCampaign@Gmail.com	E-mail:	TMat	thewsCampaign@Gma		
Phone # (optional):	617-581-2322	Phone #	optional):	617-581-232	22	
	SUMMARY BALANC	E INFO	RMATION:			
	Line 1: Ending Balance from previous report			\$0,	00	
*	gne 2: Total receipts this period (page 3, line 11)	1		\$7	00	
2 BE	line 3: Subtotal (line 1 plus line 2)			\$7	00	
P. SELVI	Line 4: Total expenditures this period (page 5, lin	e 14)		\$0.	00	
REC	5ne 5: Ending Balance (line 3 minus line 4)			\$7	00	
- RE	ane 6: Total in-kind contributions this period (pa	ige 6)		\$1,338.	75	
	Line 7: Total (all) outstanding liabilities (page 7)			\$0.	00	
	Line 8: Name of bank(s) used: St Michaels Credit U	nion				
activity, including a finance activity of a	examined this report including attached schedules and it is, to the best all contributions, loans, receipts, expenditures, disburgements, in-kind all persons acting under the authority or on behalf of this committee in penalties of perjury:	contributions	and liabilities for this	reporting period and represe of M.G.L., c. 55.	all campaign finance ents the cumpaign	
	ATE FILINGS ONLY: Affidavit of Candidate: (check I bo	w onby)				
Candidate wit		best of my le	h the requirements of l	M.G.L. c. 55, I have not rec	nt of all campaign finance cived any contributions,	
I certify that I to	thout Committee have examined this report including attached schedules and it is, to the y, including contributions, loans, receipts, expenditures, disbursements nce activity of all persons acting under the authority or on behalf of thi	, in-kind con	tributions and liabilitie	s for this reporting period a	nd represents the	
Signed under the p	penalties of perjury:		(Candidate's	signature) Date: 6	5/8/2020	

#### 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.)

Data Danimat	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
/3/2020	Patrick T Matthews, 12 King Phillips Way, East Freetown, 02717	\$700	Attorney, Coastal Legal Affiliates	
1				
Line 9: Total Receipts over \$50 (or listed above)		\$700		
ne 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL RECEIPTS IN THE PERIOD \$700			← Enter on page 1, line 2	

<sup>\*</sup> 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

D.A. D. II	To Whom Paid	A 12	Drawn and of Front and its ave	A 4
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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1		Fig. 10. Tax 15	ou 6#0 (on Parad shares)	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Lina 13: Total Evnandituras 950	and under* (not listed above)	
		Line 13: Total Expenditures \$50	and under (not used above)	
	Enter on many 1 line 4	Line 14: TOTAL EXPENDIT	IIRES IN THE PEDIOD	
	Enter on page 1, time 4 >	Lucius — — — — — — — — — — — — — — — — — — —	nould include only those expenditures	

<sup>\*</sup> 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
2/28/2020	Cralg Cabral, President, Quality Claims Processing	22 S Hillside St in Assonet, MA	Campaign Signs and Shirts	\$1,338.75
1111				
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	\$1,338.75
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
		Line 17: TOTAL IN-KIND C		\$1,33

<sup>\*</sup> 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 Duc	Address	Purpose	Amount
	A STATE OF THE STA			
	100 100			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				