

gned under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Massachusetts	File with: City or Town Clerk or Election Commission
ill in Reporting Period dates: Beginning Date: 1/1	/19 Ending Date: 3/25/19
Type of Report: (Check one)  3 8th day preceding preliminary  8th day preceding election	30 day after election  year-end report dissolution
Candidate Full Name (if applicable)  FREETOWN LAME VILLE REGIONAL ScHool Con- Office Sought and District  2 COPILUT RO ASSONET MA 02702  Residential Address  -mail: WSIENNEWICZ@GMAIL. Com hone # (optional): 508 813 0270	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page	O O O O O O O O O O O O O O O O O O O
Line 7: Total (all) outstanding liabilities (page 7)	320.92
Line 8: Name of bank(s) used:	7 %
fidavit of Committee Treasurer:  critify that I have examined this report including attached schedules and it is, to the best clivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind-ecance activity of all persons acting under the authority or on behalf of this committee in a gned under the penalties of perjury:  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	coordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
and the committee	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.  parate report best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

### SCHEDNIE 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

Name and Residential Address Occupation & Employer report all receipts. Please include your committee name and a page number on each page.) (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to oceupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. year Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the

d include only those receipts not itemized above.	9. Line 10 shoul	receipts of \$50 and under; include them in line	* If you have itemized
← Enter on page 1, line 2		ECEILLS IN THE PERIOD	
		(svods bətsil ton) *19bnu bns 02\$ stq	Line 10: Total Rece
		pts over \$50 (or listed above)	Line 9: Total Recei
(for contributions of \$200 or more)	JanomA	(beriuper gailsilistiads/qls)	Date Received

Page 2

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical fisting required)	7 mount	
		1	
	F		
	T		
		e	
-5	15.		
	E. A.		
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	1991	← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under, include them in lin	e 9. Line 10 shou	ald 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,

CA "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.)

Enter on page 1, line 4 → | Line 14; TOTAL EXPENDITURES IN THE PERIOD Line 13: Total Expenditures \$50 and under\* (not listed above) Line 12: Total Expenditures over \$50 (or listed above) (alphabetical listing) Date Paid Address Purpose of Expenditure innomA To Whom Paid

\* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		,		
		2 =_ v		
		g v		
		27		
	2	= 5		
Line 12: Expenditures over \$50 (or listed above)				
	Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD  Line 14: TOTAL EXPENDITURES IN THE PERIOD			

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

### SCHEDOLE 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 Prom Whom Received*    1	66.07.8	ONTRIBUTIONS	Line 17: TOTAL IN-KIND C	Enter on page 1, line 6 →	
SP. 03.5   SUAIS   WAT LAST   NAT LAST   Phi 13/5		\$50 & under (not listed above)	Line 16: In-Kind Contributions		
26 04 0	820.93	over \$50 (or listed above)	Line 15: In-Kind Contributions		
26 04 0			18	4	e e
26 04 0					
26 04 0					
26 04 0					
26 04 0					
26 04 0					
26 04 0					
26 04 0					
26 04 0					
26 04 0					
26 04 0					
Date Received From Whom Received* Residential Address Description of Contribution Value	220.92	SUPIS	11 JEHFREY LU	JEAN FOX	3/21/10
	Value	Description of Contribution	Residential Address	From Whom Received*	Date Received

\* 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.

Page 6

## 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 s those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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		<u> </u>		
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		and the second		
*		*		
		1. 2		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				Page 7