

# Form CPF M 102: Campaign Finance Report \*\*Typicinal Form FREETOWN TOWN CLERK

Office of Campaign and Political Finance 2017 APR -5 AM 10: 24

of Massachusetts	File with City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 0//2	7/2017 Ending Date: 04/03/2017
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	₹30 day after election  year-end report dissolution
Churles 13 Sullivan	Committee Name
Candidate Full Name (if applicable)	Committee Name
Brord of Selectmon Freetown Office Sought and District	Name of Committee Treasurer
46 High St. Freetown mgozjoz Residential Address	Committee Mailing Address
Telephone Number (optional): 508-6414-5082	Telephone Number (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	\$ 810.42
Line 2: Total receipts this period (page 3, line 11)	\$573.48
Line 3: Subtotal (line 1 plus line 2)	\$ 1383.90
Line 4: Total expenditures this period (page 5, line	14) \$ 13 23. 90
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pag	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	0
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 cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cofinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	of my knowledge and belief, a true and complete statement of all campaign finance ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: 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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	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.
Candidate without Committee OR Candidate with independent activity filing sep  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 this	in hind contributions and liabilities for this reporting period and represents the
Signed under the penaltics of perjury:	(Candidate's signature) Date: 04/05/2017

#### SCHEDULE B: EXPENDITURES

M.G.L. c<sub>v</sub> 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 expend	litures. Please include your comm	ittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/27/17	4.5 Postal Service	575 moin 5th Assoned mu	mailing of Political Cards	257,7/
3/27/17	45 Postal Service	10 Crossroads Dr. E Freetown mu	mailing of Political Cards	315,77
3/06/17	I Design Appared	1004A Lounty St. Somer set, ma	yard Signs	\$ 300,00
3/07/17	modern Printing	798 Ply mon to Ave FULL RIVEY	61/2×8 Political Lurds	\$492.72
1/20/12	Town of Freetown	3 No main st. Assort ma	Voter 1137 11/4/14	\$ 4,40
2/28/17	Town of Freetoun	3 No main 3t Street and Assonet ma voter 1157		13,30
Line 12: Total Expenditures over \$50 (or listed above)				1383,90
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD /383				

<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 Page 4 above.

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
04/03/17	Cherles B Sullivan	573,418	retined
THE			
11 11 11 11	·		
Line 9: Total Rece	ipts over \$50 (or listed above)	B13-83.	
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	573.48	
			ald include only those receipts not itemized above.

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		6		
				<u> </u>
		Line 12: Expenditures over		-
		Line 13: Expenditures \$50 a	nd under* (not listed above)	
	Enter on page 1. line 4 →	Line 14: TOTAL EXPEND	DITURES IN THE PERIOD	

<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.

### 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 Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<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 Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

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