

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| of Mussachusetts  |   | Įė.  | le with: City of To                           | wn Clerk or E          | lection Co.          | emnission |
|---|---|--|---|------------------------|----------------------|-----------|
| Fill in Reporting Period dates: Beginning Date: 1/1,  | /2021   | Ending Da  |   | ATTENDED TO STREET THE |                      | 70        |
|   |   |  |   |                        | 20                   | -0        |
| Type of Report: (Check one)   |   |  |   |                        | 22                   | rii.      |
| 8th day preceding preliminary 5th day preceding election  | 30 day af   | ter election   | 🗓 year-end re                                 | port [                 | dissolut             | ion 🛪     |
|   |   |  |   |                        | 20                   | Lil       |
| Trevor Matthews   | Trevor Ma   | tthews for Sele  |   |                        | -0                   | 00<       |
| Candidate Full Name (if applicable)   | Chair Call  | 1  | Committee Name                                |                        | K                    | 132 (22)  |
| Office Sought and District  | Chris Cabr  |  | e of Committee 't rea                         | usurer                 | <del>-0,</del>       | =         |
| 6 Ida Way, Assonet, MA 02702  | 6 Ida Way   | , Assonet MA, I  |   |                        | E-3                  | [J7]      |
| Residential Address   | 0.51080.4   |  | nmittee Mailing Ado                           | dress                  | - 1000               | 無一        |
| E-mail: TMatthewsCampaign@gmail.com   | E-mail:   | TMat   | thewsCampaign                                 | @gmail.cor             | n                    |           |
| Phone # (optional): 617-581-2322  | Phone # (opti   | ount):   | 617-58  | 1-2322                 |                      |           |
| SUMMARY BALAN   | CE INFORM   | MATION:  |   |                        | 7                    |           |
|   |   |  |   |                        |                      |           |
| Line 1: Ending Balance from previous report   | ,   | ***************************************  |   | 700.00                 |                      |           |
| Line 2: Total receipts this period (page 3, line 11   | .)  |  |   | 0.00                   |                      |           |
| Line 3: Subtotal (line 1 plus line 2)   |   |  |   | 700.00                 |                      |           |
| Line 4: Total expenditures this period (page 5, li  | nc 14)  |  |   | o                      |                      |           |
| Line 5: Ending Balance (line 3 minus line 4)  |   |  |   | 700.66                 |                      |           |
| Line 6: Total in-kind contributions this period (p  | age 6)  |  |   | 0                      |                      |           |
| Line 7: Total (all) outstanding liabilities (page 7)  |   |  |   |                        |                      |           |
| Line 8: Name of bank(s) used: St. Michaels Credit   | Union   |  |   |                        |                      |           |
| Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the heactivity including all contributions, loans, receipts, expenditures, disbursements, in kind finance activity of all persons acting under the authority or on schalf of this committee   FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be Candidate with Committee   Candidate with Committee   To certify that I have examined this report including attached schedules and it is, to the | n accordance with to the control of | liabilities for this rethe requirements of the | eporting period and f M.G.L. c. 55. ignature) | Pate: 1/20/.           | campaigr             | n linance |
| activity, of all persons acting under the authority or on behalf of this committee in a<br>incurred any liabilities nor made any expenditures on my helialf during this reporting   | doordance with the  | requirements of N  | LG:L. r. 55: I have                           | not received a         | ury contril          | nutions,  |
| Candidate without Committee  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 linance activity of all persons acting under the authority or on behalf of it.   | is, in-kind contribu  | nions and liabilitie   | s for this reporting p                        | eriad and repi         | l compaignesents the | n<br>:    |
| Signed under the penalties of perjury:  |   | (Candidate's   | signature)                                    | ate: 1/20/.            | 2021                 | -         |

#### 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.)

| D ( D )             | Name and Residential Address (alphabetical listing required) Amount  |          | Occupation & Employer (for contributions of \$200 or more)   |  |
|---------------------|--|----------|--|--|
| Date Received       | (alphabetical listing required)  | Amount   | (10r contributions of \$200 or more)   |  |
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| ine 9: Total Receip | pts over \$50 (or listed above)  |          |  |  |
| . 10 m · 1 m        | 0.00 0.11  |          |  |  |
| ine 10: Total Recei | ipts \$50 and under* (not listed above)  |          |  |  |
| ine 11: TOTAL R     | ECEIPTS IN THE PERIOD  |          | ← Enter on page 1, line 2  |  |
|                     | The Country of the Co |          | disclude only those receipts not itemized shows  |  |

<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 A: RECEIPTS (continued)**

| Date Received       | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
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| ne 9: Total Receip  | ts over \$50 (or listed above)                               |        | E  |
| ne 10: Total Receip | ots \$50 and under* (not listed above)                       |        |  |
| ne 11: TOTAL RI     | ECEIPTS IN THE PERIOD  |        | ← Enter on page 1, line 2                                  |

<sup>\*</sup> If you have itemized receipts of S50 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

| Date Paid | To Whom Paid (alphabetical listing) | Address   | Purpose of Expenditure                | Amount  |
|-----------|-------------------------------------|---|---------------------------------------|---------|
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|           |                                     | Line 12: Total Expenditure  | s over \$50 (or listed above)         |         |
|           |                                     | I in a 10. Then I Francis illustrate  | (\$50 and under (not listed above)    |         |
|           |                                     | Line 15: 1 otal Expenditures  | \$ \$50 and under* (not listed above) | <u></u> |
|           |                                     | THE THE THE PARTY OF THE PARTY | DITURES 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 above.

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## SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing)  | Address  | Purpose of Expenditure       | Amount   |
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| 6         |  | Line 12: Expenditures over   | \$50 (or listed above)       |          |
|           |  | Line 13: Expenditures \$50 an  | nd under* (not listed above) |          |
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|           | Enter on page 1, line $4 \rightarrow$  | Line 14: TOTAL EXPEND  | TIURES IN THE PERIOD         | L        |

<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.

|   |  |                                | 8                               | <u> </u> |
|---|--|--------------------------------|---------------------------------|----------|
| Date Received                           | From Whom Received*  | Residential Address            | Description of Contribution     | Value    |
|   |  |                                |                                 |          |
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|   |  | Line 15: In-Kind Contributions | over \$50 (or listed above)     |          |
|   |  | Line 16: In-Kind Contributions | \$50 & under (not listed above) |          |
|   | 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.

| Pate Incurred | To Whom Due | Address  | Purpose | Amount   |
|---------------|-------------|----------|---------|----------|
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Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)