

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	RECEIVE City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	1/1/2019 Ending Date: 3/7/2019			
Type of Report: (Check one)	2013 1101 10 1 12 04			
8th day preceding preliminary 8th day preceding election	a 30 day after election year-end report dissolution			
JOHN H DAVIS				
Candidate Full Name (if applicable)	Committee Name			
411 FULLER ST	Name of Committee Treasurer			
Residential Address E-mail:	Committee Mailing Address E-mail:			
Phone # (optional): (4/3) 2465579	Phone # (optional):			
SIIMMADV BALA	NCE INFORMATION:			
SUMMARI BALA				
Line 1: Ending Balance from previous report	0			
Line 2: Total receipts this period (page 3, line	11) 39,5,25			
Line 3: Subtotal (line 1 plus line 2)	395.25			
Line 4: Total expenditures this period (page 5,	line 14) 395, 25			
Line 5: Ending Balance (line 3 minus line 4)	0			
Line 6: Total in-kind contributions this period	(page 6)			
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 of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:(Treasurer's signature) Date:				
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 activity, of all persons acting under the authority or on behalf of this committee i incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting period.			
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons againg under the authority or on behalf of	to the best of my knowledge and belief, a true and complete statement of all campaign tents, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/18/11			

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 with the

Date Received	Name and Residential Address	Amount ₂₀₁₀	Occupation & Employer MAR (for contilbutions of \$200 or more)
3/1/9	JOHN H DAVIS 411 FULLERST	- 	OWN OF LUDLOW
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		·
Line 11: TOTAL	RECEIPTS IN THE PERIOD	395.25	← 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)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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ine 9: Total Receip	ts over \$50 (or listed above)	<u></u>		
Line 10: Total Receip	ots \$50 and under* (not listed above)		•	
Line 11: TOTAL RE	ECEIPTS 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

eport all expend	ort all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid		D	Amount	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
3/1/19	Ludlan Printing	1791 Boston Rol Springfield mA	Campaigns	395.25	
-					
-	•	Line 12: Total Expenditures o	ver \$50 (or listed above)	395.25	
		Line 13: Total Expenditures \$3	50 and under* (not listed above)		
	Enter on page 1, line 4 → 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 above.

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		RECEIVED TOWN OF FRAK'S CFF		
		2019 HAR 18 12	05	
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		"		
		,		
		4		
<u> </u>				
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 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 6 on page 1.

	LE A DI PETERA 2 OLIMPIA.				
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
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\ <u>-</u> <u>-</u>		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 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 ECEIN	OFFICE Purpose	Amount
	N/A			
		10444		
*				
×				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

