

Form CPF M 102: Campaign Finance Report

Commonwealth	Municipal Form		
of Massachusetts	Office of Campaign and	l Political Finance	200
File with: City or Town Clerk	or Election Commission		5/7/201
Reporting Pe	eriod - Beginning: 5/5/2018	Ending: 6/7/2018	<u> </u>
Type of repo	ort: 30 day after election		
	Brian Barthelmes	Committee to Elect Br	ian Barthelmes
	Full Name of Candidate	Committee Na	
E	Soard of Selectmen	JoAnn Barthelmes	
0	Office Sought/ District	Name of Committee Treasurer	
5	1 Cobblestone Lane	51 Cobblestone Lane	
	Hanover, MA 02339	Hanover, MA 02339	
	Residential Address	Committee Address	
5 8 5	Ending Balance from previous rep Total receipts this period: Subtotal: Total expenditures this period: Ending Balance:	\$3 \$3	\$21.10 \$0.00 \$21.10 \$1.0 \$0.00
2	Total inkind contributions this		\$0.00
	Fotal outstanding liabilities:		\$0.00
		and Trust	40.00
I certify that I had belief, a true and expenditures, dish finance activity or requirements of M.		activity including all contribution ies for this reporting period and r	is, loans, receipts,
Signed under the	e penalties of perjury:		
Jelan	Barthelines		6-7-18
treasurer's sign	nature (in ink)		Date
Affidavit of Car	ndidate (check 1 box only) :		
Candidate wi	th Committee and no activity independen	t of the committee	
I certify that I h	nave examined this report, and attached schedustatement of all campaign finance activity, or accordance with the	ules and it is, to the best of my k of all persons acting under the aut	nowledge and belief, a hority or on behalf of

in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR candidate with independent activity filing separate report. I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, inkind 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:

6-17-18

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.

Date	Name and Residential Address	Amount	Occupation and Employer
	mized Receipts temized Receipts eipts	\$0.00 \$0.00 \$0.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
6/1/2018	Brian Barthelmes 51 Cobblestone Lane Hanover, MA 02339	\$290.00	Liability repayment
	zed Expenditures mized Expenditures ditures	\$290.00 \$31.10 \$321.10	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date Name and Residential Address	Value Description Occupation/Employer
Total Itemized Inkind Contributions Total Unitemized Inkind Contributions Total Inkind Contributions	\$0.00 \$0.00 \$0.00

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 the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00