



File with: City of Town Clerk or Election Commission

4/30/2024

Date: 4/22/2021

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.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

~~6~~

Line 10: Total Receipts \$50 and under* (not listed above)

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Line 11: TOTAL RECEIPTS IN THE PERIOD

~~0~~

← 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)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

~~6~~

Line 10: Total Receipts \$50 and under* (not listed above)

~~0~~

Line 11: TOTAL RECEIPTS IN THE PERIOD

~~0~~

← 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 report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/26/2021	Corning Silk Screen Print Inc.	17 Bishop Lane Rockland MA 02370	Signs	\$150 ⁻
4/1/2021	Corning Silk Screen Print Inc.	17 Bishop Ln. Rockland MA 02370	Signs	\$307.94
			Line 12: Total Expenditures over \$50 (or listed above)	457.94
			Line 13: Total Expenditures \$50 and under* (not listed above)	—
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	457.94

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



17 Bishop Lane, Rockland, Mass. 02370
781.878.6525 • Fax 781.871.5580

Kathleen Dauphinais
Board of Health

Invoice

DATE	INVOICE #
3/26/2021	25084

BILL TO
Kathleen Dauphinais

SHIP TO

P.O. NUMBER	TERMS	REP		VIA	F.O.B.	PROJECT
	COD		3/26/2021	PICK UP		

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
50	COROPLAST STAKES	24" x 18" Peacock Blue/White BOARD OF HEALTH....	6.62	331.00
50			2.00	100.00
		Sales Tax	6.25%	26.94
<div>RECEIVED \$100.00 - Pd credit Card over phone</div> <div>AMOUNT DUE 307.94 - Pd check # 1168</div>				
			Total	\$457.94

SCHEDULE B: EXPENDITURES (continued)[illegible]

* 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.

[illegible]

* 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.

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 OUTSTANDING LIABILITIES (ALL)		