Form CPF M 102: Cam Municipa Office of Campaign an	al Form
Commonwealth of Massachusetts	
Fill in Reporting Period dates: Beginning Date: /-/- a0	File with: City or Town Clerk or Election Commission R 3 Ending Date: $ 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 $
	<u> </u>
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	ay after election 🕑 year-end report 🗌 dissolution
Candidate Full Name (if applicable) <u>Itomolicer Select BOARD</u> Office Sought and District <u>30 King Phillip Lane Homover</u> Residential Address E-mail: <u>Bhondanymm@yahoo.com</u> E-mail:	C.T.E. Rhonsa Nyman Committee Name Robest F. Mahoney Name of Committee Treasurer 20 King Phillip Lime Homover Committee Mailing Address Rhondranyman & Yahoo. com (optional): 181-836-6065
SUMMARY BALANCE INFO	DRMATION:
Line 1: Ending Balance from previous report	282.15
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	282.75 × N
Line 4: Total expenditures this period (page 5, line 14)	5.00
Line 5: Ending Balance (line 3 minus line 4)	3.77.75 0
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	3433. 88
Line 8: Name of bank(s) used: Bockinns	Trust Company
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my know activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury:	as and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee	ith the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind co campaign finance activity of all persons acting under the authority or on behalf of this candidate Signed under the penalties of perjury:	ntributions and liabilities for this reporting period and represents the

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(alphabettear insting required)		
Line 9: Total Receip	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS 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)

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	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
13/30/32	Rockinno Trust Co	ABB Union ST. BUCKIMOS MA	Service Charge	5.00
		1		
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
Line 13: Total Expenditures \$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. Page 4

5.00

SCHEDULE B: EXPENDITURES (continued)

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
[manual statement st				
		Line 12: Expenditures over \$50) (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 \rightarrow	Line 14: TOTAL EXPENDIT	URES 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 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Provention and and and and and and and and and an	[]			
		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

* 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	
3/19/20	VISA PrINT	275 Wymm ST. WAIThom	Business CARDS	34.31	
3/3.8/20	MASS Dem. PARAY	11 Bencen 3r Bosron	Vore builder	500	
3/23/20	Venue X Mesia	35 Vena Dr. Bridge unter	Web Page mo commi neer.	636.08	
5/5/20	STEVE Dirrey	19 Temple Rd. Marshheld	Novernsing inp ivore builder	570	
5/5/20	Town of Homour	550 Honover Sreet	Sign permit	5,00	
5/9/20	U.S.P.S.	1405 Homover SNRCT	Posinge	538.00	
6/3/20	Tringer	385 Cenrer Ave	Campanga' signs	138.94	
5/18/20	Prinning Unlimites		Polineni signs	1090.65	
		Holbrook			
	Enter on page 1, line 7 \rightarrow Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 343.3.18				