

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

			2018		
File with: City or Town Clerk or Election Commission			97/4/201 -6 HA		
Reporting Period - Beginning: 1/1/2018	Ending:	5/4/2018			
Type of report: Pre-election			8		
Brian Barthelmes	Committee	to Elect Brian	Barthelmes		
Full Name of Candidate		Committee Name			
Board of Selectmen	•	JoAnn Barthelme	8		
Office Sought/ District	Name	of Committee Trea	surer		
51 Cobblestone Lane	5:	l Cobblestone L	ane		
Hanover, MA 02339	1	Hanover, MA 023	39		
Residential Address		Committee Address			
SUMMARY BALANCE	INFORMA	TION	makanan Malaman nan menangka salam sal		
Ending Balance from previous rep	ort:	\$471.	10		
Total receipts this period:		\$0.	00		
Subtotal:		\$471.	10		
Total expenditures this period:		\$150.	00		
Ending Balance:		\$321.	10		
Total inkind contributions this	period:	\$0.	00		
Total outstanding liabilities:	.	\$290.00			
Name of bank(s) used: Rockl	and Trust				
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance a expenditures, disbursements, inkind contributions and liabilitifinance activity of all persons acting under the authority or requirements of M.G.L. c. 55. Signed under the penalties of perjury:	ctivity including es for this repor	all contributions, ting period and repre	loans, receipts, esents the campaign		
John Barth. Inc		5	-4-2018		
Treasurer's signature (in ink)			Date		
Affidavit of Candidate (check 1 box only) :					
Candidate with Committee and no activity independent I certify that I have examined this report, and attached schedular true and complete statement of all campaign finance activity, this committee in accordance with the requirements of M.G.L. c. any liabilities nor made any expenditures on my behalf during the	les and it is, to of all persons act 55. I have not a	the best of my know ling under the author eccived any contribut	ty or on behalf of		
Candidate without Committee OR candidate with indeper I certify that I have examined this report and attached schedul a true and complete statement of all campaign finance activity disbursements, inkind contributions and liabilities for this refinance activity of all persons acting under the authority or or requirements of M.G.L. c. 55.	es and it is, to including contribution are sporting period are	the best of my knowle outions, loans, receip nd represents the camp	edge and belief, ots, expenditures, paign		

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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
	ized Receipts emized Receipts ipts	\$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
1/9/2018	Stop & Shop 468 Washington St Norwell, MA 02061	\$150.00	Food For Storm: Dpw, Police, Fire
	zed Expenditures mized Expenditures ditures	\$150.00 \$0.00 \$150.00	

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 Unit	ized Inkind Contributions emized Inkind Contributions nd 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
4/18/2018	Brian Barthelmes 51 Cobblestone Lane Hanover, MA 02339	\$290.00	Campaign Signs
Total Outst	anding Liabilities	\$290.00	