

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town o	E Townsend		Plea	se print or type all information, except signature
Reporting Per	od: Beginning: Jan.	14, 2019 (MM/DD/YYY)	Ending: April 1	5,2019 (MMDD/YYYY)
Type of Report:	\ h			20th day of January (Vens End report)
Pursuant to M.C.		preceding election 30th day follo	owing election (town or special)	20th day of January (Year-End report)
2. I certify t	hat I am a candidate for or currently hold M hat I have not received any contributions, n hat I do not have a political committee.		oligations during this reporting period, and	do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/23/19	LANKA ESHIFIIA	Luca Slef	28 Banker Hell	ASSESSOK
4/23/19	Charles Q Sexten-Divin	The appoint Mil	8 South St	Hanning.
4-23-19	JEURY 17 BOZICES	Jendyn Popos	84 Highland	Pleaning
4-23-19	Toold A MElanson	Loff Mdeser	79 Clement Ra	Water Commissioner
4-24-19	Charlyoce 1/2	Conce	72 Soltun Sont	80H
1/21/19	Natalie Call	Nollati Carl	373 MAIN ST.	THA
4124119	ALISUN BIRD	ausing	77 Vinhanknoka	TPL Trustee
4/26/19	Tubby Boucher	allum Bout	(06 Dudley Rd #203	Trust final.
1/25/19	Valerie & Goodia	Nikogo 3 gella	158 Hayres NO	TRL Trustee
5-20-19	Susan Robbins	Sur Pelli	14 Hillside Dr	NMRSD Sch. Comm.
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Please print or type all information, except signatures.

City or Town of	Townsen	d		Please pri	nt or type all information, except signatures		
Reporting Peri	od: Beginning: 4pc 1	(5,2019 (MM/DD/YYYY)	Ending:	May 20	DDMYX)		
Type of Report:	(Check One)						
8th day prec	eding preliminary/primary 8th day	y preceding election 30	Oth day following election (town or	special) 20th	day of January (Year-End report)		
I certify the control of the certify the certification of the certi	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.						
DATE	PRINT NAME	SIGNATURE Signed under the penalties	RESIDENTIA s of perjury (Street and		OFFICE SOUGHT		
4/23/19	LAVRA E SHIFA	Mar Elle	A 28 BANK	2 11 00 1	\$50SOK		
4/23/19	Charles & Sexton - Dirang	in Thack Cont	Dir 8 South	st.	Planning		
7-23-19	Javnilyo T. Bozica	a familya	Borrow SH His	nlowed /	Denning		
4-13-19	Toda A Melanon	Jeff Miles	79 C/EME	ntRol	WATER GMMISSIONER		
4-24/9	Chry Nouly	Cal	7250. H	Inbone	BOH		
412419	Nutale Can	Markely Can	373 MAV	n ST.	TAHA		
4/29201	Ardinberc	alisellar) 77Vinho	PendRa 7	PLTrustee		
4-26-20P1	Tubby Boucher	allura Bu	1 66 Dudle	y Rd #203 -	Trust Fund		
1/5/10	buciel God in	og 3 julas	grip 158 Horin	187	2 Trustee		
5-20-19	Susan A Robbins	Sur Peel	a 14 Hillstole	e Dr N	MRSD School Comm		



102. Campaign Pinance Kepuli

Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	TOWN OF TOWN
Fill in Reporting Period dates: Beginning Date: 3	File with: City or Town Clerk or Election Commis
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
DONALD E. KLEIN	NONE
Candidate Full Name (if applicable)	Committee Name
SELECTIMEN Office Sought and District	N/A
	Name of Committee Treasurer
5 HORSESHOE DRIVE, TOWNSEND, MA 01474	Committee Mailing Address
Telephone Number (optional): 978-597-8517	Telephone Number (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	78.46
Line 3: Subtotal (line 1 plus line 2)	78.46
Line 4: Total expenditures this period (page 5, line 1	4) 78.46
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)	
Line 8: Name of bank(s) used: C/T/ 36	PNK /ROLLSTONE BANK + TRUST
idavit of Committee Treasurer: rtify that I have examined this report including attached schedules and it is, to the best of my vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributes activity of all persons acting under the authority or on behalf of this committee in according to the contributions.	butions and liabilities for this reporting period and represents the campaign
ned under the penalties of perjury:	(Treasurer's signature) Date:
R 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 the best of activity, of all persons acting under the authority or on behalf of this committee in accordant incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ce with the requirements of M.G.L. c. 55. I have not received any contributions
Candidate without Committee OR Candidate with independent activity filing separate I certify that I have examined this report including attached schedules and it is, to the best of finance settings including attached schedules.	report f my knowledge and belief, a true and complete statement of all campaign

finance activity, including 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.

ed under the penalties of perjury:

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)
3-26-19	DOWALD KLEIN 5 HORSESHOE DR. TOWNSEND, MA 01474	\$ 78.46	
e 9: Total Receipts over \$50 (or listed above)		78.46	DECELVER
ne 10: Total Receipts	\$50 and under* (not listed above)	1	MAY 22 2019
When the second	EIPTS IN THE PERIOD	78:46 ←	Enter on page 1, line 2
you have itemized rece	ipts of \$50 and under, include them in line 9. I	ine 10 should inc	clude 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.) To Whom Paid **Purpose of Expenditure** Amount **Date Paid** (alphabetical listing) Address 14550 BEECHNUT ST. IMPRINT, COM 2-BANNERS \$ 75.46 4-2-19 HOUSTON TX 77083 78.46 Line 12: Total Expenditures over \$50 (or listed above) MAY - 2 2019 Line 13: Total Expenditures \$50 and under* (not listed above) 是。现 Line 14: TOTAL EXPENDITURES IN THE PERIOD 78.46 Enter on page 1, line 4 →

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized bove. Page 4

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 Contributio	n Value
	i.			
199	Lii	ne 15: In-Kind Contributions ov	er \$50 (or listed above)	
*	Lir	ne 16: In-Kind Contributions \$50	& under (not listed above)	
	Enter on page 1, line 6 → Lin	ne 17: TOTAL IN-KIND CON	TRIBUTIONS	0

f 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 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	Purpose	Amount
	· ·			
				10000
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0