

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

VI IMBOWAND			File with: City or Town Cle	rk or Election Commissio
Fill in Reporting Period dates: Begi	nning Date:	20 Ending		20
Type of Report: (Check one)				
	preceding election	30 day after election	year-end report	dissolution
Candidate Full Name (if applicable) Board of Select Office Sought and District 471 West Water St Rock Residential Address E-mail: Mike Ose lectman @ gma Phone # (optional): 417-525-4912	il. com	171 West Wat	Committee Name Committee Name Iame of Committee Treasurer Rockle Committee Mailing Address	olough lin phy and, Ma. Oz agmail.com
r				
SUMN	IARY BALANCE I	NFORMATION:	,	
Line 1: Ending Balance from p	revious report	40	0.38	
Line 2: Total receipts this period	od (page 3, line 11)	BB	00.00	
Line 3: Subtotal (line 1 plus lin	ie 2)	\$40	0.28	
Line 4: Total expenditures this	period (page 5, line 14	\$ 41	00.28	
Line 5: Ending Balance (line 3	minus line 4)		2.00	
Line 6: Total in-kind contributi	ons this period (page 6) (0.00	
Line 7: Total (all) outstanding). 00	
Line 8: Name of bank(s) used:	Rockland	Trust (ompany	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached sche activity, including all contributions, loans, receipts, expenditures finance activity of all persons acting under the authority or on be Signed under the penaltics of perjury:	, disbursements, in-kind contrib	utions and liabilities for thi lance with the requirements	is reporting period and represer	Il campaign finance nts the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of	Candidate: (check 1 box only)		
Candidate with Committee I certify that I have examined this report including attached activity, of all persons acting under the authority or on beha incurred any liabilities nor made any expenditures on my be	If of this committee in accordan	ce with the requirements of	f M.G.L. c. 55. I have not recei	of all campaign finance ived any contributions,
Candidate without Committee I certify that I have examined this report including attached finance activity, including contributions, loans, receipts, exp campaign finance activity of all persons acting under the automated under the penalties of persons.	enditures, disbursements, in-kir	nd contributions and liabilit	ies for this reporting period and requirements of M.G.L. c. 55.	d represents the

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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.

(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)
7/1	Rockland Trust Dormant Acct Fee	30.00	
7/21	Town of Rockland	370.28	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	400.28	← 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.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		<u> </u>	
Line 9: Total Receip	ts over \$50 (or listed above)		
Line 10: Total Receip	ots \$50 and under* (not listed above)		
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	0.00	← 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.

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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.)

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		T: 10. T. (1 T.)	Φ50 (- 1' - 1 1 - 1		
Line 12: Total Expenditures over \$50 (or listed above)					
		Line 13: Total Expenditures \$50	and under* (not listed above)		
Line 13: Total Expenditures \$50 and under* (not listed above)					
	Finter on page 1 line A →	Line 14: TOTAL EXPENDIT	TRES IN THE PERIOD	000	

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

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				<u>l</u>
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	0.00

^{*} 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		
	- SS					
		Line 15: In-Kind Contributions	over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$	550 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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.

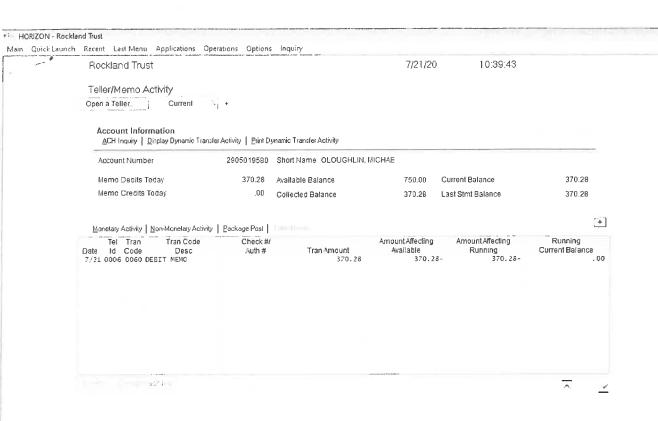
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SCHEDULE D: LIABILITIES

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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0.00

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			Age: