

Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED Office of Campaign and Political Finance

f Massachusetts 7019 MAY 15 PH 1: 19	File with: City or Town Clerk or Election Commission			
	10 2019 Ending Date: 5 17 2019			
Гуре of Report: (Check one)				
	⊠ 30 day after election			
O 1 de 1 Tecculo				
Robert A. Fasulo Candidate Full Name (if applicable)	Committee Name			
Board of Selectmen				
Office Sought and District	Name of Committee Treasurer			
29 Marjorie Hoad Residential Address	Committee Mailing Address			
E-mail:	E-mail:			
Phone # (optional):	Phone # (optional):			
Thole if (opinonia).				
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	O			
Line 2: Total receipts this period (page 3, line 11)	13177.16			
Line 3: Subtotal (line 1 plus line 2)	1,177.16			
Line 4: Total expenditures this period (page 5, lin	ne 14) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this period (pa	age 6)			
Line 7: Total (all) outstanding liabilities (page 7)	6			
Line 8: Name of bank(s) used:	NIX			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all 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. [Treasurer's signature] Date:				
Signed under the penalties of perjury:	, -			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)			
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period that are not otherwise disclosed in this report.			
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, dishursement campaign finance activity of all persons acting under the authority or embehalf of the support of th	his candidate in accordance with the requirements of M.G.L. c. 55.			
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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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/19/19	Rapid Repro	520 MAIN ST Wilmington, MA	CAIZS	75.00
/'	//	//	(/	45.00
//	"	"	"	75.00
4/25/19	Boost Melin	300 Brickstone &	outdoor Billboord	300.00
4/27/19	FACE bos K		FACEbook Advising	160.60
4/18/19	U.S. Post office	880 Boston Rl Billerica MA	Stamps	9/05.00
4/19/19	//	//	<i>"</i>	\$105.00
4/20/19	"	18 Church St Wilmington ma	17	4175.00
4/22/19	"	4 Essex Contr Dr Peabody MA	, ,	1105.00
4/12/19	Supplies Unlimited	247 WATUST WARELE WA	Sign Stands	31.56
	J L	Line 12: Total Expenditures over \$50 (or listed above)		1,177.
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	1 1 - 4 - 3	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1,177.1

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

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.)

	ige number on each	Occupation & Employer
Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	1195.00	
1/	4300.00	
/ 1	105:00	
()	105.00	
67	175:00	
<i>(</i> 1)	100.00	
/1	31.56	
) [160.60	
ipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)		-
RECEIPTS IN THE PERIOD	1,177.16	f
	Rob Faulo 28 marare Rl winninghr 11 11 11 11 11 11 11 11 11	(alphabetical listing required) Rob Finallo 28 marore Rl winninghr 1195.00 11

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.