

# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

RECEIVED TOWN CLERK

Office of Campaign and Political Finance

| Commonwealth of Massachusetts   | onwealth 2071 MAY 24 AM IO: 51  |  |  |  |
|---|---|--|--|--|
| Fill in Reporting Period dates: Beginning Date: Apr   | 7, 2021 Ending Date OF MAN 14/120210 N. MA  |  |  |  |
| Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election   | x 30 day after election year-end report dissolution   |  |  |  |
| Jonathan R. Eaton  Candidate Full Name (if applicable)  Town Moderator  Office Sought and District  | Committee to Elect Jonathan Eaton Committee Name Richard A. Eaton Name of Committee Treasurer   |  |  |  |
| 18 Lawrence Street, Wilmington, MA 01887  | 41 Garden Avenue, Wilmington, MA 01887  |  |  |  |
| Residential Address   | Committee Mailing Address  E-mail: rickeaton41@gmail.com  |  |  |  |
| E-mail: jonathanreaton@gmail.com  Phone # (optional): 978 761-2835  | Phone # (optional): 978 658-6161  |  |  |  |
| SUMMARY BALAN   | CE INFORMATION:   |  |  |  |
| Line 1: Ending Balance from previous report   | 23.05   |  |  |  |
| Line 2: Total receipts this period (page 3, line 1  | 1) 0  |  |  |  |
| Line 3: Subtotal (line 1 plus line 2)   | 23.05   |  |  |  |
| Line 4: Total expenditures this period (page 5, 1   | ine 14) 0   |  |  |  |
| Line 5: Ending Balance (line 3 minus line 4)  | 23.05   |  |  |  |
| Line 6: Total in-kind contributions this period (   | page 6) 0   |  |  |  |
| Line 7: Total (all) outstanding liabilities (page 7   | 7) 0  |  |  |  |
| Line 8: Name of bank(s) used: Eastern Savings E   | Bank  |  |  |  |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee  Signed under the penalties of perjury: | best of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5/24/2021 |  |  |  |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1  | box only)   |  |  |  |
| Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report  | the 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, ting 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 finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority of an behalf of   |   |  |  |  |
| La Company ( ) ( ) ( ) ( )  | (Candidate's signature) Date: 05-24-2024  |  |  |  |

#### **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.)

| Name and Residential Address Occupation & Employer |   |        |                                      |  |
|--|---|--------|--------------------------------------|--|
| Date Received                                      | (alphabetical listing required)         | Amount | (for contributions of \$200 or more) |  |
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| ine 9 Total Recei                                  | pts over \$50 (or listed above)         | О      |                                      |  |
| Jille 7. Total Recel                               | p. 5 - 101 45 5 (51 1155 a 455 ( 5)     | L      |                                      |  |
| Line 10: Total Rece                                | ipts \$50 and under* (not listed above) | 0      |                                      |  |
|  |   |        |                                      |  |
| ine 11: TOTAL F                                    | RECEIPTS IN THE PERIOD                  | 0      | ← Enter on page 1, line 2            |  |

<sup>\*</sup> 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)**

| Date Received       | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more)                 |
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| Line 9: Total Rece  | ipts over \$50 (or listed above)                             | 0      |  |
| Line 10: Total Reco | eipts \$50 and under* (not listed above)                     | 0      |  |
|                     | RECEIPTS IN THE PERIOD                                       | L      | Enter on page 1, line 2 Id include only those receipts not itemized above. |

<sup>\*</sup> 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.)

| To Whom Paid   |                           |                                |                                       |         |
|--|---------------------------|--------------------------------|---------------------------------------|---------|
| Date Paid  | (alphabetical listing)    | Address                        | Purpose of Expenditure                | Amount  |
|  |                           |                                |                                       |         |
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|  |                           | Line 12: Total Expenditures ov | ver \$50 (or listed above)            |         |
|  |                           |                                | 0 1 1 4/ 12 11                        |         |
| Line 13: Total Expenditures \$50 and under* (not listed above)   |                           |                                |                                       |         |
|  | •                         | T 14. TOWAL ENVIRONMENT        | CUDES IN THE DEDIOD                   |         |
|  | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDIT        | should include only those expenditure | <u></u> |

<sup>\*</sup> 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

# **SCHEDULE B: EXPENDITURES (continued)**

| Date Paid | To Whom Paid (alphabetical listing)   | Address                        | Purpose of Expenditure    | Amount |
|-----------|---|--------------------------------|---------------------------|--------|
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|           | 1   | Line 12: Expenditures over \$5 | 0 (or listed above)       | 0      |
|           |   | Line 13: Expenditures \$50 and | under* (not listed above) | 0      |
|           | Enter on page 1, line 4   Line 14: TOTAL EXPENDITURES IN THE PERIOD  Line 14: TOTAL EXPENDITURES IN THE PERIOD  Line 13 should include only those expenditures not itemized |                                |                           |        |

<sup>\*</sup> 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 |  |
|---------------|---------------------------|---|---------------------------------|-------|--|
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|               | •                         | Line 15: In-Kind Contributions                | s over \$50 (or listed above)   | 0     |  |
|               |                           | Line 16: In-Kind Contributions                | \$50 & under (not listed above) | 0     |  |
|               | Enter on page 1, line 6 → | line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS |                                 |       |  |

<sup>\*</sup> 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.

Page 6

## 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 Dùe               | Address                | Purpose                | Amount |
|---------------|---------------------------|------------------------|------------------------|--------|
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|               | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAN | DING LIABILITIES (ALL) | 0      |