



## 

Office of Campaign and Political Finance

NONTHERIDGE TOWN CLERK

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY	GIVEN in accordance with the provisions of General Laws	S. Chapter 55.	of the organization of	a hallot question
committee as follows:	•	,p	or the organization or	u ounot question

committee as follows:	9
1. Name (See note 1):	+ Caspell Speld
2. Committee mailing address:	10 Box 78
City/State/Zip: Whidnerile	M4 01588
E-mail Address:	Phone #: 784-8884
3. Purpose / specific issues and interests (See note 2): Suppost 3 9R bost	t backsion to renorate Bell
4. Topic of question & question no., if known:	
5. This committee is formed to (check one): Support or opport	ose the question.
6. OFFICERS:	
Chairman: Timothy Calmis	Treasurer*: Good Nandage
Residential Address: 106 Travery Brive	Residential Address: Marston 16
City/State/Zip: Whippsmile my OcsEs	
Phone #: 274-8984	Phone #: 774-8H: ARail: 9000 rochus e yeles
	*A public employee may not serve as treasurer of any political committee (see reverse).
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:
(Complete and attach a Form CPF M A 101, if nec	essary, with other officers and finance committee, if any.)
Chapter 55 also specifies that no expenditures shall be made for, or o	that provisions of M.G.L. c. 55 specify that each treasurer of a political eccipts for a period of six years from the date of the relevant election. In behalf of, a political committee without the authorization of the of a political committee shall be kept separate from any personal funds of
SIGNED UNDER THE PENALTIES OF PERJURY:  Chairman's signature	Date: 4/30/18
hereby accept the office of Treasurer of the above-named committee. If affir that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, included records of all campaign finance activity for a period of six years from the secome an appointed public employee, I must resign this position and notify SIGNED UNDER THE PENALTIES OF PERJURY:	m that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand ding the timely filing of campaign finance reports and keeping detailed accounts a date of the relevant election; and 2) if after my acceptance of this office I OCPF of my resignation.

Treasurer's signature



# Form CPF 102 BQ: Campaign Finance Report **Ballot Question Committee**

Office of Campaign and Political Finance

19 MAY - 1 AM 10:

Massichusetts le with: Director						ia.F.f	150 S N Company of Co.	7 (7)
fice of Campaign and Political Finance e Ashburton Place ston, MA 02108	e						PF ÎD#	CEPRONE
7) 727-8352	Please prin	t or type a	all information, e	xcept si	gnatures.			
Fill in dates: Reporting Period Beginning:	Month	Date	Year 7019	_ Endir	ng: 5		Date 8	Year 19
Type of report: (Check one Initial Report	60th day		th and 20th day f month until		5th day of after electi		☐ Year end	☐ Dissolution
	election	el	lection		liabilities e	exist		
	/		1		(10			
	mends	of C	asoll	918	elf			
1	1.		Committee Name	е				
	60Mgc	2	hoad,	nar	` .			
		Name	of Committee Tr	easurer	,			
	PD	Bi	× 23	3				
	11-	Com	mittee Mailing A	ddress				
U	hippenl	le	ma	0	158	3		
City			State	& Zip	Tel. No	. (options	1)	
							1500:	30
Line 1. F.			BALANCE I			N:	3 700	<u>a</u>
			m previous period (page 2			<u>~</u>	900 H	7
	ibtotal (line			, nne i	1)	<u>*</u>	27900	5
		_	this period	(nage 3	line 14)	\$	750 (	5
			3 minus line 4)	(page 3,	, mic 14)	<b>\$</b>	2030,	
Line 6: To	 . ادستوا سا امه	. مانسدست			********	•	$\bigcirc$	
			utions this pe g liabilities (			\$	$\overline{}$	-
	me of bank			page 4)		\$	$\mathcal{O}$	-
	and or omit	(U) abou		10.0				- J

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.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

#### 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name, CPF ID# and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Emp (for contributions of \$20	oloyer 0 or more
4/1	Chris Athanas	500	ω	Self Godern	Spil
	Mans PON RP INTINSULUE MA			The state of the s	1 RCI)
	intitiosolue ma	-			
1/1	Norslbridge Beister Clh	100	W	<b>22</b>	
		it.		And the second	oranda CO manada
1/1	Northbrile 4st lacres	900	260		
				A 122	
				20 X	er polyani redución
	-1				, , , , , , , , , , , , , , , , , , ,
Line 9:	Total receipts in excess of \$50 (or listed above)	500	(W)	2100;0	
Line 10:	Total receipts \$50 and under* (not listed above)	30	1	The w Enter or page 1, line 2	
	TOTAL RECEIPTS IN THE PERIOD	60P)	0	Enter or 272 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.

Page 2

#### 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID#

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
4/1	JUST YARD SIGNS	MA	Support Bons	750	ω
		N I W			
-			2		
		<del>-</del> ,	200		
	S				
			20 End		
				4	
				_	
		=			
		(* ·			
		71			
		Lima	12: Expenditures over \$50	- m	4.0
	-			250	$\omega$
TC.	nter on page 1, line 4		13: Expenditures \$50 and under* 14: TOTAL EXPENDITURES	750	حي

<sup>\*</sup> If you have itemized expenditures \$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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				9 MAY
				AH V
	·			± = = = = = = = = = = = = = = = = = = =
		Line 15:	In-kind over \$50	5074W.
		Line 16:	In-kind \$50 and under	380.
	Enter on page 1, line 6	Line 17:	Total In-kind	200 278

<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 contributor has given an aggregate amount of \$200 or more in a calendar year, you must also report the contributor's occupation and employer.

#### **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
E	inter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.

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