

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

MUNICIPAL FORM

Office of Campaign and Political Finance

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of Manuschusetts		
File with: City or Town Clerk or Election Co	Please print or type all information, except signa	atures S S S
NOTICE IS HEREBY GIV candidate's committee as f	VEN in accordance with the provisions of General Laws, Chap	pter 55, as amended, of the organization of a
1. Committee Name:	(The name of the committee must include the candidate's last name)	topher Wissn
2. Committee Address	1A Jillson Circle	
2a. Mailing Address:		
3. Purpose:		
4. Officers: Chairman:	Name Residential Address Service Lyons I Sherwood Dr	0757 508341.8116
Treasurer:	Down Marchi 2 Larsen Ro	1 01757 508-633-9074
Other officer:	Colken Annantuonio 19 16	Cample Rd 01757 500 Kill
Other officer:	Attach additional page, if necessary, with other officers and finance committee	æ, if any
5. Candidate:	Christopher Wilson LA Jillson C.	Tel. No.
6. Office Sought:	School Committee Milford Title District	Party affiliation, if applicable
	I hereby consent to the filing of this committee. I understand organization of more than one committee on his/her behalf, keep detailed accounts and records of all campaign finance at of the relevant election. SIGNED UNDER THE PENALTIES OF PERJURY:	Aill Await ulat children and
	I hereby accept the office of treasurer of the above-named co- certain duties and liabilities under M.G.L. c. 55, including the and keeping detailed accounts and records of all campaign fit the date of the relevant election. SIGNED UNDER THE PENALTIES OF PERJURY:	ne little iv little of campaign since is pro-

I hereby accept the office of Chairman of the above-named committee. SIGNED UNDER THE PENALTIES OF PERJURY:



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Fill in Reporting Period dates: Beginning Date: 1/8/18 Ending Date: 3/24/18
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Christopher Wilson Committee to Elect Christopher Wi
Candidate Full Name (if applicable) School Committee Dawn Macchi
Office Sought and District Name of Committee Treasurer A Jillson Circle A Jillson Circle
Residential Address E-mail: CWilson 421/2 gmail. Com E-mail: E-mail:
Phone # (optional): 508 - 208 - 12-89 Phone # (optional):
SUMMARY BALANCE INFORMATION:
SUMMART BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
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: Citizen Bonk
Affidavit of Committee Treasurer: 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 in ance activity of all persons acting under the authority of on behalf of this computee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: (Treasurer's signature) Date: 3/24/17
FOR 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 my knowledge and belief, a true and complete statement of all campaign financiativity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report 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 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: / September 1/2 (Candidate's signature) Date: 3/26/17

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)
/ /			
2/1/14	Haroll Rhodes	\$25000	
2///8	And oil lessed		
/ /	see attached sheet	# 1201/00	
3/10/18	See attached sheet	^ <i> 3></i> 7	
	ļ		<u> </u>
li li			
! !]		
		[
0 m			
ne 9: Total Receip	ots over \$50 (or listed above)		
10 7 15	4 050 1 1 4 4 4 1 1 1 1		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD ← Enter on page 1 line 2			
ne II: IUIAL K	ECEIT IS IN THE PERIOD	: 11	← 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.

Bake Sale Event 3/10/17

Name	 Don	ation
Margaret Myatt	\$	180.00
Macchi	\$	151.00
Will Kingkade	\$	150.00
Morganelli	\$	150.00
Chris Morin	\$	108.00
Landry	\$	107.00
Scott Michelson	\$	104.00
Josh Lioce	\$	103.00
Annantuonio	\$	101.00
Edward Berturelli	\$	100.00
Lyons	\$	100.00
	\$ 1	,354.00

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
_ "]			
ne 9: Total Receip	ots over \$50 (or listed above)	#135410	
ne 10: Total Receij	pts \$50 and under* (not listed above)	\$1201 co	
	ECEIPTS IN THE PERIOD	\$ 280500	← 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.

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.)

report an expend	· ·	mittee name and a page number o	n each page.)	-r
	To Whom Paid	1		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/14/18	Big Daddy Signs		Campaga Signage	\$48085
2/2/18	Town Core		Advertisement	\$511°°
3/2/18	Big Dadby Signs		Comporgn Signage	# 24700
3/5/18	Town Crier		Advertisement	\$57100
3/5/18	MyFM 143		Radio Ads	#93000
3/10/18	ITAM Post 40		Hall Rental	#17500
3/19/18	Town Crier		Advertisement	51100
		Line 12: Total Expenditures ove	er \$50 (or listed above)	33/085
		Line 13: Total Expenditures \$50	and under* (not listed above)	
TC 1	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	l	#336085

^{*} 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)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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				J L
- 1	3.			
				J L
]	
				1
				1
		Line 12: Expenditures over \$50	0 (or listed above)	
		7.1 40 D	1 # / 11 1 1 1	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on second line 4 >	Line 14: TOTAL EXPENDIT	TIRES IN THE PERIOD	\$ 33/108
	Enter on page 1, line $4 \rightarrow$	Line 14. TOTAL EXPENDIT	CAES III THE LERIOD	- rev

^{*} 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
			,	
	y - 3	Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0

^{*} 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
		Line 18: TOTAL OUTSTAND		

CPF ID #:	
	(For Office Use Only)



Form CPF D103: Appointment of Depository Bank

Office of Campaign and Political Finance

Committee Name: Committe to Elect Christopher Wilson
Office Sought/District: School Committee
Candidate Name: Christopher Wilson
Candidate E-Mail: Cwilson 421 @ gmail. com
Treasurer Name: Dawn Macchi
Treasurer E-Mail: Smmacchia gmail com
ACTIVITY PRIOR TO ESTABLISHING DEPOSITORY BANK ACCOUNT
By checking this box, I certify that prior to establishing this bank account, no money (including the candidate's own) was raised or spent for any political purpose. (If money was raised or spent prior to opening this bank account, please contact OCPF for information about how to disclose the activity)
I certify that the bank named below has been designated as the depository for campaign funds and I authorize said bank to submit to the Director of the Office of Campaign and Political Finance the reports required by M.G.L. Chapter 55. I agree that all financial activity
following the date the bank account is opened shall be conducted through the depository account.
SIGNED UNDER THE PENALTIES OF PERJURY:
Signature of Candidate Date: 335/18

(Below to be completed by bank)

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