

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

POWN OF SOUTHWICK RECORDED

2018 MAY -1 PM 1:56

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission ANUARY 1, 2018 Ending Date: MAY 1, 2018 WHICLERK
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n 30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Southwick Republican Town Committee Committee Name
Candidate I tili Ivaine (ii applicable)	Robert N. Fox
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail:	E-mail: RFOX 52 @ COMCKST, WET
Phone # (optional):	Phone # (optional):
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	9648.80
Line 2: Total receipts this period (page 3, line	11) 1430.00
Line 3: Subtotal (line 1 plus line 2)	4/18.80
Line 4: Total expenditures this period (page 5	, line 14) 1537.00
Line 5: Ending Balance (line 3 minus line 4)	9581,8O
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: BerksH	rre Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-life finance activity of all persons acting under the authority of an behalf of this committee Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	ee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5-1-2018
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, t	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

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.)

D-4- D	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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ne 9: Total Recei	pts over \$50 (or listed above)		
ne 10: Total Rece	ipts \$50 and under* (not listed above)		
11. TOTAL T	DECEMPE IN THE PERIOR		
ne II: IOIAL F	RECEIPTS IN THE PERIOD		← 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.)

-	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1-25-18		College Highway Southwick MA	Food Puerto Rico Rever Benefit -	125.00	
1-26-18	Morgan Stanley Donation Foundation For FUELTU CITO	Ny city N.Y.	DONATION POUNTO PICO RELET	1000.00	
4-19-18	Robert Horacek	Great Brook Sorthwek	Reimbursement - For political signs	412.00	
	Line 12: Total Expenditures over \$50 (or listed above) \[\langle 57.00 \]				
Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 1537.00				

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

Page 4

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1-26-18	Multiple ticket Sales Puento Rico Fund Raiser	625.00	Prultiple ticket-sales
4-17-18	Pasta Fundeatser Multipeticket Sales	795.00	prultiple ticket sales
4-20-18	Tickets / Pasta	50.00	- Ticket sales
	·		
Line 9: Total Rece	ipts over \$50 (or listed above)	1430.00	
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		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.



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Of Manachesetts Commonwealth

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108

(-617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:	Robert	Horacek		and the second s	
Committee Name:	Southweh	Republican Como	Tou CPF ID #:	76515	
Amount of Reimbursement	\$ 4/2.00	Como	nittee		Security of the second section of the sect
Date of Reimbursement:	4-19-18				
IT	EMIZE EXPENDITO	JRES IN EXCESS O)F \$50	1+1	

Date Paid Vendor Name and Address Purpose of Expenditure Amount 3-98-18 UZ, Marketing Signs 4/9 00 Expenditures in excess of \$50 (listed above) Expenditures \$50 and under (not listed above)

	TOTAL AMO	OUNT REIMBURSED	419
Signed under the penalties of perjury:	<i>f</i>		
Robith Fee		4-19-18	
Signature of Candidate/Treasurer		Date	



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		E. Robert Street

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

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	
		-			
		NONE I			
		Line 15: In-Kind Contributions	over \$50 (or listed above)		
	·	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	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.

Page 6

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Form CPF M 102: Campaign Finance Report

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2018 JUN -8 PM 3:09

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Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☑ 30 day after election ☐ year-end report ☐ dissolution						
Candidate Full Name (if applicable) Candidate Full Name (if applicable) Committee Name Committee Name Committee Treasurer P.O. BOK 816 Southwish MA. 01077 Residential Address E-mail: E-mail:						
Phone # (optional): Phone # (optional):						
SUMMARY BALANCE INFORMATION:						
Line 1: Ending Balance from previous report 2581.80 Line 2: Total receipts this period (page 3, line 11)						
Line 3: Subtotal (line 1 plus line 2) 25-31.80						
Line 4: Total expenditures this period (page 5, line 14) 5180						
Line 5: Ending Balance (line 3 minus line 4) 2530,00						
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: BerksHire BANK						
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. Signed under the penalties of perjury: 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 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. 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.						
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. Date:						

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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ne 10: Total Receip	pts \$50 and under* (not listed above)		
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ne 11: IOIAL R	ECEIPTS IN THE PERIOD		← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5-6-18	Southwoods inagazine	GRISTMILL PLAZA	Flyers/Election	51.80
		Line 12: Total Expenditures over	er \$50 (or listed above)	51.80
	Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			

^{*} 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 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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		A CONTRACTOR OF THE CONTRACTOR	
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Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← 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 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
		A		
 		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
Enter on page 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.

		Amount
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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

011/14/504011050115	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: JUNE	8, 2018 Ending Date: JANUARY 18, 2019
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election (x) year-end report (1) dissolution
	Southwick Republicas Town Committee
Candidate Full Name (if applicable)	Robert N. FOX
Office Sought and District	P. O. BOX 816
Residential Address E-mail:	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	2330.00
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	2330.00
Line 4: Total expenditures this period (page 5, line	
Line 5: Ending Balance (line 3 minus line 4)	1668186
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: BerkSHin	e BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	
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 finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of thi	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date:

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)
no O: Total Bossin	ata ayar \$50 (ar listed above)		
	pts \$50 (or listed above) pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	L	Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7-25-18	Spotlite araphies	Whalleyway Southwick MA	police Signs Support	313.44
8-10-18	POSTOFFICE	Southwell MA.	P.O. BOX Revtal	54.00
8-15-18	McHatler Committee	Buzzards Bay	Committee Donation	200.00
13-2-18	Humasen	Westbilld Me.	Committee Dentation	100.00
	,			
			·	
		Line 12: Expenditures over \$50	O (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} 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
			.,	
	7.00			
				2
	` `			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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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