

Form CPF M 102: Campaign Finance Report

Municipal Form

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CITY CLERK'S OFFICE
CITY OF MARLBOROUGH

Office of Campaign and Political Finance

Date: 10-25-2019

of Massachusetts	2019 OCT 25 A II: 48 File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	019 Ending Date: 0ct 18 2019			
Type of Report: (Check one) ☐ 8th day preceding preliminary	y after election year-end report dissolution			
Robert J Tunnera Candidate Full Name (if applicable)	Ommittee to Elect Robot J Tunnord			
Office Sought and District	Joseph A Tunnerq Name of Committee Treasurer			
23 Summer 5+ Residential Address	Committee Mailing Address			
Telephone Number (optional): 503-414-0838	ne Number (optional): 508-481-067]			
SUMMARY BALANCE INFO	DRMATION:			
Line 1: Ending Balance from previous report	326.09			
Line 2: Total receipts this period (page 3, line 11)	,0.00			
Line 3: Subtotal (line 1 plus line 2)	326.09			
Line 4: Total expenditures this period (page 5, line 14)	45.45			
Line 5: Ending Balance (line 3 minus line 4)	280.64			
Line 6: Total in-kind contributions this period (page 6)	0.00			
Line 7: Total (all) outstanding liabilities (page 7)	0.00			
Line 8: Name of bank(s) used: Main 5+	Bonk			
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: Oct 25 26 A				
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 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 rep I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind or campaign finance activity of all persons acting under the authority or on behalf of this committee	knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents the			

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 ate Received (alphabetical listing required) A		Occupation & Employer (for contributions of \$200 or more)	
Line 9: Total Rece	ipts over \$50 (or listed above)	0		
Line 10: Total Reco	eipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD	O	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 A: RECEIPTS (continued)

Name and Residential Address Occupation & En				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
	2			
	L			
			L	
Line 9: Total Rece	ipts over \$50 (or listed above)	0		
Line 10: Total Reco	eipts \$50 and under* (not listed above)			
Line 11. TOTAL	RECEIPTS IN THE PERIOD	0	Francisco I Paga	
			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 all expenditures. Please include your committee name and a page number on each page.)					
Doto Deld	To Whom Paid	A A 3	D	A 4	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1110	Mercharo		City Council	115-15	
5/28/19	Marlboro Shamrock Factball			45.45	
3/2011	Shamrock Poolball		Ad		
		Line 12: Total Expenditures ov	ver \$50 (or listed above)		
		Line 13: Total Expenditures \$5	0 and under* (not listed above)		
				<u> </u>	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	45.45	
If you have itemized expenditures of \$50 and under include them in line 12. I ine 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
				Language Control of the Control of t		
				A1000,000,000,000,000,000		
		Line 12: Expenditures over \$50	O (or listed above)			
		Line 13: Expenditures \$50 and	under* (not listed above)			
		Line 14: TOTAL EXPENDIT	TURES 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.

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
		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 C	ONTRIBUTIONS	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.

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 Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES				