



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 5, 2018 Ending Date: May 29, 2018

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)
Office Sought and District
Residential Address
E-mail:
Phone # (optional):

<u>YES VOTE ON 7</u>
Committee Name <u>Robert V. Antonucci</u>
Name of Committee Treasurer <u>PO Box 488 W. Falmouth, MA 02574</u>
Committee Mailing Address
E-mail: <u>rantonucci@comcast.net</u>
Phone # (optional): <u>978-833-1397</u>

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>104</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1175</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1279</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1279</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Rockland Bank + Trust</u>

#### 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: Robert V. Antonucci (Treasurer's signature) Date: 5/29/2018

#### 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 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: \_\_\_\_\_ (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)
5/3/2018	Almerda + Carlson Ins PO Box 554 Falmouth, MA 02541	500	Insurance Rep. Almerda Carlson Ins.
5/1/2018	Cutter Financial LLC 22 Alden Ave Falmouth, MA 02540	500	Insurance Rep / Financial management Cutter Financial
5/7/2018	Murray McDonald Ins. 550 MacArthur Blvd. Dorset, MA 02532	100	Insurance Rep. Murray McDonald Ins.
Line 9: Total Receipts over \$50 (or listed above)		1100	
Line 10: Total Receipts \$50 and under* (not listed above)		75	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1175</b>	← 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
5/18/2018	Doug Brown	10 Green Acres Rd. Falmouth, MA 02536	SIGNS purchase	267
5/25/2018	Doug Brown	10 Green Acres Rd Falmouth, MA 02536	wine post stands	115
5/29/2018	Friends of Falmouth Senior Center	360 Dillingham Ave Falmouth, MA 02540	Residual funds donation	226
5/18/2018	Scott Gelfi	228 Main St Falmouth, MA 02540	post cards purchase printing	471
5/8/2018	New Wave Printing	Kathleen Bates Rd Falmouth, MA 02540	Banner	200

Line 12: Total Expenditures over \$50 (or listed above)	1279
Line 13: Total Expenditures \$50 and under* (not listed above)	0
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>1279</b>

Enter on page 1, line 4 →

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