

55, s. 5A.

SIGNED UNDER THE PENALTIES OF PERJURY:

Form CPF 101 PC: STATEMENT OF ORGANIZATION POLITICAL ACTION COMMITTEE

Office of Campaign and Political Finance



(617) 979-83007 (800) 462-OCPF ocpf@cpf.state.ma.us

http://www.mass.gov/ocpf

File with: Director Office of Campaign and Political Finance One Ashburton Place, Room 411, Boston, MA 02108

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a political action committee as follows:

1. Name (See note 1):	Townsend Truth Coalilition
2. Committee Mailing Address:	98 Main St
	City/State/Zip: Townsend No 01469
	Email Address: joe @ harborado body cam Phone #: 978 502-0783
3. Purpose (See note 2):	110 000 0100
	To promote transparecy and trust in our town Government
3a. Specific issues and	
interests:	To make positive changes to our Town
4. OFFICERS (See note 3):	
Chairman: Jose	ph Shank Treasurer*: Elaline Smank
Residential Address: 77	Turner Residential Address:
City/State/Zip:	wasend ma 01469 City/State/Zip:
	ora oto Phone #: 978,502 Email: elaine@ harbor Phone #: 978-562 14 com 0783 * A public employee may not serve as treasurer of any political committee (see reverse).
	(Complete and attach a page, if necessary, with other officers and finance committee, if any.)
election; no expenditures sha	of a political committee should be familiar with all provisions of M.G.L. c. 55, which specifies that each treasurer I keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant all be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or that all funds of a political committee shall be kept separate from any personal funds of any officers, members or except the separate from any personal funds of any officers.
I hereby accept the office of SIGNED UNDER THE PEN	Chairman of the above-named committee. JALTIES OF PERJURY:
	Jurish 7 Shork Date: 5/31/17
I hereby accept the office of 13. I understand that: 1) I am	Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance

Treasurer's signature

reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate or elected official may not serve as treasurer of a political action committee except as authorized by M.G.L. c.



Form CPF M 102: Campaign Finance Report

Municipal Form

D E G E I V E D
D JUN 08 2017

Office of Campaign and Political Finance

TOWN OF TOWNSEND
File with: City of Hown Clerk of Fleetion Commission

Fill in Reporting Period dates: Beginning Date: 4.13.17 Ending Date: 61.17
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Candidate Full Name (it applicable) Committee Name Committee Name Flaine Shark Name of Committee Treasurer 98 Main St. Toroxelor MA Committee Mailing Address E-mail: Phone # (optional): Phone # (optional): Phone # (optional):
SUMMARY 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) 12,205.02
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: Bollstone Bank & Trust
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: (Treasurer's signature) Date:
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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	(Table 10 man 10 mg 1 equited)	Amount	(101 Contributions of \$200 or more)
	c'ec attached liet -a	247500	
	Doneen e Wendy LLC 98 Main St Townsend, MA 01469	12415.	
	Dodeen e Werdy LLC		
	98 Mainst		
	Townsend, MA 01469	8155,02	+
1			
		1	
	¥		
]	
. 0 5			
ine 9: Total Receip	ots over \$50 (or listed above)	10,930.02	
ine 10: Total Receip	pts \$50 and under* (not listed above)	1,27500	
		7-1	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	12 20502	← Enter on page 1, line 2
f you have itemined.	receipts of \$50 and under include them in lin		-mer on page 1, mile 2

	Orda, Brian	ononak, James & Carol	Sharet Laura	Muldoon, I om & Tammy	Mula, Marcy	Marshall, Janet	Kibick, David	Kelly, Michael	Kelly, Kelly	Forest, Richard	Collins, John	Byron, Mark	Boudreau, Brenda & Keith	Blanchard, Joan	Ап, Епса	Arsenault, Daniel	Name
\$2	↔	69	↔	↔	↔	S	↔	S	Θ	G	↔	↔	Θ	€9	€	G	A
\$2,475.00	100.00	100.00	250.00	100.00	200.00	250.00	100.00	275.00	275.00	100.00	100.00	100.00	75.00	100.00	100.00	250.00	Amount
			Realtor/Self Employed		Associated Healthcare-Elderly Homecare	Housecleaning - Retired		REP Marketing/Sales Consultant	McNabb Pharmacy/Sales Clerk							Contractor-Retired	Occupation
	5/24/2017	4/28/2017	5/5/2017	5/30/2017	1/28/2017	7102/17	2/2/2/17	5/2/2017	7102/61/0	5/10/2017	7/10/2/17	6/1/2017	1102/12/4	1/02/01/2	4/13/2017	7/13/2017	7

Address
4/13/2017 CLEMENT RD, WEST TOWNSEND
4/13/2017 3 BIRCH LN, TOWNSEND
4/12/2017 518 MAIN ST, TOWNSEND
5/19/2017 2 OLD BATTERY RD, TOWNSEND
6/1/2017 2A KNOLLWOOD LN, TOWNSEND
5/19/2017 4 SAGITTARIUS LN, TOWNSEND
5/2/2017 5 TAURUS LN, TOWNSEND
5/2/2017 5 TAURUS LN, TOWNSEND
5/1/2017 N/A
5/1/2017 9 HORSESHOE DR, TOWNSEND
5/5/2017 28 BARKER HILL RD, TOWNSEND
5/5/2017 154 SOUTH ROW RD, TOWNSEND

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			7
ne 9: Total Receipts	over \$50 (or listed above)		
ne 10: Total Receipts	\$50 and under* (not listed above)		
			-
	CEIPTS 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 (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
		Ente 15. Expenditures \$50 and u	midel (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	
rc	2.50		ould include only those expenditures	

^{*} 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 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	nittee name and a page number of	l chen page.)	T
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1	(1		an pose of Expenditure	Amount
		BEBLOCKTOKON AVE Stc 315		
5.8.17	Lauren's Weitzen LLP	Proston MA 07210	LegalFees	11,08002
				I Compared to the compared to
1				
1				
- 11				
11				
1				
				L
-				
		Line 12: Total Expenditures over	er \$50 (or listed above)	11,080.82
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	F. 4.	I in a 14. TOTAL EXPENDENT	IDEC IN THE DEDICE	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	KES IN THE PERIOD	1102082

* 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 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	Ø
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	Ø
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	Ø

^{*} 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



Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Ending Date:



TOWN OF TOWNSEND File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 6.2-17 Type of Report: (Check one) dissolution 30 day after election year-end report 8th day preceding preliminary 8th day preceding election Candidate Full Name (if applicable) Name of Committee Treasurer Office Sought and District Committee Mailing Address Residential Address E-mail: E-mail: Phone # (optional): Phone # (optional): **SUMMARY 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: Bolletone 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. _(Treasurer's signature) Signed under the penalties of perjury: 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. (Candidate's signature) Signed under the penalties of perjury:

	Thompson Frank & Katherine	Small, Mary & Striller, Stephen	Rochette, Inaddeds	Rizzo, Chanes	Regan, Bill & Naricy	Place, William	Niemiera, Gregory & Joyce	Murray, Larry & Gloria	McNabb, Terrence	McLaughlin, Rebecca & Carr, Micha Check	McFague, Adam	Mariano, Albert & Pam	Lombardo, Joseph & Lesley	Leward, Lisa	Letourneau, Keith & Mary	Leslie Gabrilska	Kubick David & Melissa	Kenwood Mary & Linda	Xelly Michael	Kally Kally	Joseph Sciacca	John & Carole Collins	Jennifer Petit	Jackson, Doug	Jackson, Doug	Gustafson, Thomas & Anne	Grimley, Michael	Fors, Derek	Duteau, Robert	Demeo, Robert & Susan	David Coreen Chenelle	Creighton, Duane & Jennifer	Collins, John & Carole	Chanle Glenn & Regina	Buswell David	Bushnoe Tracy	Buckingham Kim & Marcia	Borneman Denney	Bornernan, Attilut & Estella	Arseneaux, Kellieann	Anonymous	Anonymous	Anonymous	Anonymous	Anonymous	Anonymous	Anonymous	Anonymous	O'Brien Toby & Michael	Schatta, Elizabeth	Lisa Washburne	Heidi Lorden	Anonymous	Anonymous
	Check	Check	Check	Check	Check	Check	Check	Check	Check	ha Check	Check	Check	Check	Cash	Cash	Check	Check	Check -	Check	Check	Check	Check	Check	Check	Cash	Check	Check	Cash	Check	Check	Check	Check	Check	Check	Cash	Check	Check	Check	Check	Check	Chock	Cash	Cash			Cash			_	Cash	,			Cash \$
10	s e	n (n (<i>s</i> (n (n u	o 6/) <i>U</i>	6	S	G	60	G	G	Ø	69	S	69	69	69	∌ €	n U	9 6	9 6	•	€0	69	G	G	6)	69	Ø	€9	€9	69	69	69 (69 E	69 (A 6	A 6	n U	· 4	49	69	49		es .	⇔ €	∌ €	so e	n en	40	67
	100.00	100 00	100.00	100 00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	75.00	74.00	60.00			55.00
	T .					6/4/2017	6/4/2017 & FONDEROSA DR TOWNSEND	6/4/2017		6/5/201/	6/4/201/	6/4/201/	6/4/201/	6/5/2017	6/4/2017	6/19/2017	6/4/2017 13 HILLSIDE DR., TOWNSEND	6/4/2017 24 CENTER RD, TOWNSEND	6/4/2017 5 TAURUS LN, TOWNSEND		6/4/2017 78 WEST ELM ST., TOWNSEND	10/2/2017 59 Manlewood Road, Townsend, MA		10/31/2017 66 Highland St. Townsend MA 01469				6/4/201/ BALLERY RUL, LOWNWEND	6/5/2017 99 WALLACE HILL RU, TOWNSEND	6/4/2017 1 SCOTT ROAD, TOWNSEND		6/4/2017 POB 238, TOWNSEND	6/5/2017 141 MAIN ST., TOWNSEND	6/4/2017 82 SOUTH HARBOR RD., TOWNSEND	6/4/2017 64 EMERY RD, TOWNSEND	6/4/2017 8 TODD DR., TOWNSEND		6/4/2017 18 SHIRLEY RD., TOWNSEND		6/4/2017 51 EMERY RD, TOWNSEND	6/4/2017 8 KANEHOF COURT, TOWNSEND	12/8/2017 N/A	10/0/2017 N/A	6/5/2017 N/A	6/5/2017 N/A	6/4/2017 N/A	6/4/2017 N/A	6/5/2017 N/A	6/4/2017 21 SEAVER RD, TOWNSEND	6/5/2017 N/A	6/5/2017 9 TURNPIKE RD, TOWNSEND	10/12/2017 Bayberry Hill Road, Townseria, WC 01700		6/20/2017 N/A

Retired X2

McNabb Pharmacy/Sales Clerk REP Marketing/Sales Consultant

	McNabb, Tim McNally, Lance & Susan	Waynes World Automotive LLC	Laura Shifrin	Sullivan, George & Nancy	Mills, April	Miller, Wayne	Machado, Jennifer	Evans, Matt	Silver, Edmond & Jessica	Gerken, Kenneth & Susan	William Regan	Wilkinson, William	Wilkins, Charles	Wetherbee, Dorothy	Washburn, Lisa & Mark	Tule, Kim	Towson, William & Pamela
	Cash	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Cash	Check
so.	60 E	69	69	G	€	€	69	↔	€	69	49	€9	69	G	69	G	4
9,044.00	500.00	250.00	250.00	200.00	200.00	200.00	200.00	200.00	150.00	150.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
	6/5/2017 231 MAIN ST., TOWNSEND 6/4/2017 11 SHIRLEY ROAD, TOWNSEND	6/4/2017 143 DUDLEY RD, TOWNSEND	7/10/2017 28 Barker Hill Rd., Townsend MA	6/4/2017 484 MAIN ST., TOWNSEND	6/5/2017 539 MAIN ST., TOWNSEND	6/4/2017 4 HORSESHOE DR., TOWNSEND	6/4/2017 56 BROOKLINE ST., TOWNSEND	6/7/2017 18 HIGHLAND ST., TOWNSEND	6/4/2017 145 FITCHBURG RD, TOWNSEND	6/7/2017 403 MAIN ST, TOWNSEND	9/29/2017 1 Shirley Road, Townsend,	6/4/2017 185 WALLACE HILL RD., TOWNSEND	6/4/2017 155 MAIN ST., TOWNSEND	6/5/2017 PO BOX 119, TOWNSEND	6/5/2017 31 BAYBERRY HILL RD, TOWNSEND	6/4/2017 128R LUNENBURG ROAD, TOWNSEND	6/4/2017 7 JOYCE ST., TOWNSEND

Evans on the Common - Owner

Patient Access Rep - Umass
Biomedical Polymers Inc/Business Development Director
Technical Writer - Oasis Systems
George-Civil Engineer - Retired/Nancy- stay at home
Self Employed - Realtor
Wayne's World - Mechanic-Self Employed
McNabb Pharmacy
USPS - Postal Worker - Lance/Sue-Retired

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 expen		nittee name and a page number or	reach page.)	T
D-4- D-11	To Whom Paid		n en	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
7-11-17	Laurecni Weitzen LLP	EBBIOCK-FOLCONAUL SIE 345 Boston, HA 02210	Attorney Fees.	B,371.6L
10.11-17	Lausoni Weitzen LLP	88 Block Falcon Aul Ste 345 Boston, HX 02210	Attorney Fees.	2,40000
11.20.17	Lauson-Weitzen UP	88 Black Falcon Aul Ste 345 Boston, HA CEZIO	Attorney Fees	2,5000
				and the second second
		Line 12: Total Expenditures ov	er \$50 (or listed above)	18,271.61
		Line 13: Total Expenditures \$50	and under* (not listed above)	8
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	18,271.61

* 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			/	
		Line 12: Expenditures over \$50	0 (or listed above)	page 4
	Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 14: TOTAL EXPENDITURES IN THE PERIOD 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 6 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 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

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
Sept 17 to Oct 17	laugonèlleitzen	BBBALTOLONAUL Swite 345 Boston, HA 02210	Attorney Fees	39,167,99
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	39.16799

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		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 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)		
seeattd	see attached listing	904400	see attached listing		
	Townsend Truth Coalition 98 Main St Townsend, MA 01469				
Line 9: Total Receipts over \$50 (or listed above)					
Line 10: Total Receipts \$50 and under* (not listed above)					
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	14,959.00	← 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.