

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

STURMOUTH
TOWN CLERK
REGISTRARS

2019 MAY 17 A 10:21

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3-11-19 Ending Date: 5-3-19

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Caroline Colarusso
Candidate Full Name (if applicable)
Select Board
Office Sought and District
4 PATRICK CIR. STURMOUTH
Residential Address
E-mail: Caroline.Colarusso@gmail.com
Phone # (optional): 781 438 5720

Colarusso Committee
Committee Name
Joseph Colarusso
Name of Committee Treasurer
307 Green St STURMOUTH
Committee Mailing Address
E-mail: JColarusso1@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>9299.05</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1665.50</u>
Line 3: Subtotal (line 1 plus line 2)	<u>10,964.55</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2974.08</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>7990.47</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>Salem Five</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: Joseph Colarusso (Treasurer's signature) Date: 5-3-19

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: Caroline Colarusso (Candidate's signature) Date: May 5, 2019

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/24/19	Dollar Tree	376 MAW ST WATERFORD MA 01982	Supplies	19.57
4/25/19	Wix.com	on line purchase	Wix site annual fee	155-
4/29/19	Staples	33F WASHINGTON ST WOBURN MA 02457	Supplies	35.05
4/30/19	USPS	345 MAW ST WATERFORD MA 01982	Postage	550-

Line 12: Expenditures over \$50 (or listed above) (911)

Line 13: Expenditures \$50 and under* (not listed above) → 2974.08

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** 2974.08

* 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.

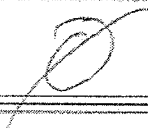
(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/13/19	CTE BACCI, C	494 MAIN ST 01807	Campaign Contributions	100 -
3/12/19	AMC Group	100 Independence WAY 01932	Event Rental SPACE	1166.00
3/27/19	STAPLES	335 WASHINGTON ST 01801	Supplies	79.68
4/13/19	Joe's SEAFOOD PRIME	750 15th ST WASHINGTON DC 20005	Dining expense travel for training	57.85
4/14/19	CVS	Arlington VA 22201	Misc Items Travel for training	13.50
4/14/19	Circa Clarendon Restaurant	3010 Clarendon BLVD, Arlington VA 22203	Dining expense Travel for training	79.35
4/12/19	Boston Pregnancy Center	120 Lincoln St IA Boston MA 02111	Charitable donation	500-
4/13/19	USPS	345 MAIN ST SUNNYSIDE	STAMPS	55-
4/25/19	Leadership Institute	1101 N. Highland Arlington VA 22207	on line training fee	10-
4/25/19	CTE MONICA MEDERZIOS	3 BAY STREET RD MIDDLEBURY MA 01762	CAMPAIN (contribution)	50-
4/29/19	Google	1600 Amphitheatre PKWY MOUNTAIN VIEW CA 94043	on line/web Expenditure	12-
4/29/19	Amazon	on line purchase	supplies	91.08
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				part of
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.

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 (ALL)	