Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

JAN 18 '18 PM 2:44 RECEIVED AMHERST TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: ~~January 1, 2017~~ 1/1/17 Ending Date: ~~March 10, 2017~~ 12/12/17

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Candidate Full Name (if applicable):

Office Sought and District:

Residential Address:

E-mail:

Phone # (optional):

Committee Name: TOWN MEETING WORKS

Name of Committee Treasurer: MICHAEL BURKART

Committee Mailing Address: PO Box 183 Amherst 01004

E-mail: maburk47@comcast.net

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	602
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	285.31
Line 5: Ending Balance (line 3 minus line 4)	316.69
Line 6: Total in-kind contributions this period (page 6)	30.00
Line 7: Total (all) outstanding liabilities (page 7)	118.87
Line 8: Name of bank(s) used:	PEOPLES

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: Michael Burkart (Treasurer's signature) Date: 1/18/18

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)
10/15	BENTLEY, RICHARD 24 No Prospect	50	
9/13	BURKART, M. 92 Ashlewood Rd	10	
11/2	Callahan, Felicity 24 Spaulding	50	
10/11	KEENE, ARTHUR	100	
11/2	LUKACS, GABOR 44 BESTON	242	
9/27	McKEE, SARAH	50	
10/15	TURNER, MOLLY	100	

Line 9: Total Receipts over $50 (or listed above)	442
Line 10: Total Receipts $50 and under* (not listed above)	160
Line 11: TOTAL RECEIPTS IN THE PERIOD	602 ← 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/11	Paradise Copies	21 Conz St. Northampton	T-Shirts	107.00
10/2	Postmaster Amherst	145 University Drive	Rent PO Box	38.00
11/20	IPage	www.ipage.com	Domain Name	45.37 ~~36.00~~
11/20	Square space	www.squarespace.com	Blog platform	36.00
11/28	Paradise Copies	21 Conz St Northampton	T-Shirts	53.13
11/7	Amherst Copies	37 East Pleasant St	Scan map of Downtown	5.31

Line 12: Expenditures over $50 (or listed above)	160.13
Line 13: Expenditures $50 and under* (not listed above)	125.18
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	285.31

* 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
9/25	Paradise copies	21 Conz St. Northampton	Printed Brochures	30.00

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	30.00
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	30.00

* 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.

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
9/13	M. BURKART	92 AUBINWOOD RD	open bank account	10
~~9/11~~	~~[illegible]~~		~~T-Shirts~~	
9/11	M. BURKART	92 Aubinwood Rd	T-Shirts	57
9/23	M WENTWORTH	22 Essex St	T-Shirts	50
11/20	M BURKART	92 Aubinwood Rd	Domain Name	45.87
11/20	M BURKART	92 Aubinwood Rd	Blog platform	36
10/2	M BURKART	92 Aubinwood Rd	Rent PO Box	38

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** ~~178.8~~ 236.87

~~178.87~~