

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.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Amount</u>	<u>Occupation and Employer</u>
8/31/2018	Galonek, William 19 Shepard Road Sturbridge, MA 01518	\$30.00	N/a
8/29/2018	Glass, Jedidiah 171 Lake St. Waltham, MA 02154	\$25.00	N/a
8/31/2018	Rubin, Mark 321 Broken Oak Loop Eugene, OR 97405	\$50.00	N/a
Total Itemized Receipts:		\$105.00	
Total Unitemized Receipts:		\$0.00	
Total Receipts:		\$105.00	

Schedule A: Receipts

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<u>Date</u>	<u>Name and Residential Address</u>	<u>Amount</u>	<u>Occupation and Employer</u>
	Total Itemized Receipts:	\$0.00	
	Total Unitemized Receipts:	\$105.00	
	Total Receipts:	\$105.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

<u>Date</u>	<u>Name and Address</u>	<u>Amount</u>	<u>Purpose</u>
8/28/2018	Dillon Maxfield 290 North Pleasant Amherst, MA 01002	\$8.99	Reimbursement (See R-1)
9/27/2018	Keith Toffling 56 Blue Meadow Rd Belchertown, MA 01007	\$182.87	Reimbursement For Website
8/28/2018	Sunraise Printing 322 Russell St. Hadley, MA 01035	\$159.38	Lawn Signs
Total Itemized Expenditures:		\$351.24	
Total Unitemized Expenditures:		\$4.16	
Total Expenditures:		<u>\$355.40</u>	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Value</u>	<u>Description, Occupation & Employer</u>
8/28/2018	Maxfield, Dillon 290 North Pleasant Apt. 2 Amherst, MA 01002	\$8.99	N/a N/a Name Badges
Total Itemized In-kind Contributions:		\$8.99	
Total Unitemized In-kind Contributions:		\$0.00	
Total In-kind Contributions:		\$8.99	

Schedule R: Reimbursements

<u>Date</u>	<u>Reimbursee</u>	<u>Total Amount</u>
8/28/2018	Dillon Maxfield	\$8.99



Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place Rm. 411
Boston, MA 02108
(617) 979-8300

CPF ID# 17078

<u>Dillon Maxfield</u> <i>Individual Being Reimbursed</i>	<u>Dillon Maxfield</u> <i>Committee Name</i>
<u>\$8.99</u> <i>Amount of Reimbursement</i>	<u>8/28/2018</u> <i>Date of Reimbursement</i>

<u>Date</u>	<u>Name And Address</u>
9/27/2018	Dillon Maxfield 290 North Pleasant Amherst, MA 01002

<u>Amount</u>	<u>Purpose</u>
\$8.99	Reimbursement for Name Tags