



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: 3/20/19 Ending Date: 4/26/19

Type of Report: (Check one)

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

Anne Marie Stronach  
Candidate Full Name (if applicable)

Board of Selectman  
Office Sought and District

14 Pillsbury Ave Tewksbury, MA 01876  
Residential Address

E-mail: annemariestronach@gmail.com

Phone # (optional): \_\_\_\_\_

Committee To Elect Anne Marie Stronach  
Committee Name

Erin Buckley  
Name of Committee Treasurer

14 Pillsbury Ave Tewksbury, MA 01876  
Committee Mailing Address

E-mail: erinmariebuckley@gmail.com

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	845.96
Line 2: Total receipts this period (page 3, line 11)	500.00
Line 3: Subtotal (line 1 plus line 2)	1345.96
Line 4: Total expenditures this period (page 5, line 14)	820.52
Line 5: Ending Balance (line 3 minus line 4)	525.44
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	482.42
Line 8: Name of bank(s) used:	Tewksbury Federal Credit Union

TOWN CLERK  
BOARD OF REGISTRARS  
TEWKSBURY, MA  
2019 MAY - 6 AM 11: 10

#### 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: Erin Buckley (Treasurer's signature) Date: 5/5/19

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with 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 that are not otherwise disclosed in this report.

##### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Anne Marie Stronach (Candidate's signature) Date: 5/5/19







## 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
	Anne Marie Stronach	14 Pillsbury Ave Tewksbury, MA 01876	Campaign Expenses	482.42
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	482.42

TOWN CLERK  
 BOARD OF REGISTRARS  
 TEWKSBURY, MA  
 MAY 10 AM 11:10



# Office of Campaign and Political Finance

Commonwealth of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/24/19	Market Basket	1900 Main St Tewksbury, MA 01876	Volunteer Food	24.50

10 MIN CLERK BOARD OF REGISTRARS TEWKSBURY, MA

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: **TOTAL AMOUNT REIMBURSED:**

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Signature of Treasurer

Date:



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

BOARD OF REGISTERED CLERKS  
 TEWKSBURY, MA  
 2019 MAY - 6 AM 11:11

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text" value="4/24/19"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Anne Marie Stronach"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee To Elect Anne Marie Stronach"/>
CPF ID Number (if applicable):	<input style="width: 200px;" type="text"/> Telephone Number (optional): <input style="width: 200px;" type="text"/>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/23/19	Market Basket	1900 Main St Tewksbury, MA 01876	Food for volunteers	28.95
4/6/19	Donna's Donuts	2106 Main St Tewksbury, MA 01876	Volunteer Food	68.62
4/6/19	Dunkin Donuts	1973 Main Street Tewksbury, MA 01876	Volunteer Food	18.18
4/3/19	USPS	1751 Main St Tewksbury, MA 01876	Stamps	8.75
4/1/19	USPS	431 Common St Lawrence, MA 01876	Stamps	62.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>186.50</b>

**Signed under the penalties of perjury:**

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.