



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/14/19 Ending Date: 2019 APR 11 A 9 38

Type of Report: (Check one)

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

Scott M. Ollerhead  
Candidate Full Name (if applicable)

Water/Sewer Commissioner  
Office Sought and District

14 Tipping Place, Norton  
Residential Address

E-mail: scottollerhead@gmail.com

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

\_\_\_\_\_  
Committee Name

\_\_\_\_\_  
Name of Committee Treasurer

\_\_\_\_\_  
Committee Mailing Address

E-mail: \_\_\_\_\_

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

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="0"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="n/a"/>

#### 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: Scott M. Ollerhead (Candidate's signature) Date: 4-14-19