



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
NORTON TOWN CLERK
2021 APR -1 AM 8:37

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 02/01/2021 Ending Date: 04/02/2021

Type of Report: (Check one)

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

Christine Ann Deveau
Candidate Full Name (if applicable)
Select Board
Office Sought and District
14 Holly Rd Norton MA 02766
Residential Address
E-mail: cdeveau27@gmail.com
Phone # (optional): 774-265-2076

Committee Name

Name of Committee Treasurer

Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>396.87</u>
Line 3: Subtotal (line 1 plus line 2)	<u>396.87</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>396.87</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0.00</u>
Line 8: Name of bank(s) used:	<u>Mastercard</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: _____ (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: Christine Ann Deveau (Candidate's signature) Date: 04/01/2021

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)
2/3/2021	Christine Dureau 14 Holly Rd Norton MA 02266	\$357.92	Corporate Travel Consultant FCM Travel Solutions
Line 9: Total Receipts over \$50 (or listed above)		357.92	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		38.95	
Line 11: TOTAL RECEIPTS IN THE PERIOD		396.87	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Signs.com Order 731307 Confirmation

<no-reply-order-confirmation@signs.com>

Wed, Feb 3, 4:22 PM

To: <cdeveau27@gmail.com>



NEW ORDER CONFIRMATION

Thank you
for your order.

Dear Christine Deveau,

Thank you for shopping at Signs.com. We appreciate your business and hope that you had a great experience creating your sign. Below you will find details of your recent order. Please keep this email as your receipt and proof of purchase.

Order Number	Order Date	Payment Type	Billing Address
731307	2/3/2021	M-0613	Christine Deveau 14 Holly Rd Norton, MA, 02766

Shipping Address	Shipping Method
Christine Deveau 14 Holly Rd Norton, MA, 02766-	Standard

Design	Details	Options & Subtotal
--------	---------	--------------------



Type: Yard Sign
Size: 24" W x 18" H
Quantity: 50

Printed Sides: 2 Sides
Same
Grommets: None
Wire Stakes: Standard
Accessories: None
Shape: Square / Rectangle

Subtotal: \$374.31

Order Subtotal: \$374.30

Shipping: \$0.00

Discount (SUB10): -
\$37.43

Tax: \$21.05

Grand Total: \$357.92
Get It Between: 2/9/2021 -
2/11/2021.

If you have any questions about your order, call the Signs.com
Customer Service Department at 888-222-4929 or [contact us here](#).

Thanks,
The Signs.com Team

Want 10% off your next order? Take a picture of your installed signage,
tag us (@signsdotcom) on Facebook, Instagram, or Twitter and use the
hashtag #signslove. We'll then send you a promo code for your next
order!

To check the status of your order or to cancel your order, please go to
your [Order History](#) page.



How doers
get more done™

390 WEST STREET
MANSFIELD, MA 02048 (508)-337-2050

2609 00007 74927 03/14/21 12:13 PM
SALE CASHIER BARBARA

098945051898.1X2X6 NO.2 <A>
1X2-6FT COMMON BOARD 34.30
10@3.43
887480074918 WOOD SCREW <A>
WOOD SCRW ZINC PHL FLT #10 X 3/4
2@1.18 2.36

SUBTOTAL 36.66
SALES TAX 2.29
TOTAL \$38.95

XXXXXXXXXXXX0613 MASTERCARD

AUTH CODE 02959P/9072776 USD\$ 38.95
Chip Read TA
AID A0000000041010 MASTERCARD

2609 03/14/21 12:13 PM



2609 07 74927 03/14/2021 6989

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES ON
A	1	180 09/10/2021

Due to COVID-19, we have extended our
returns policy for most items.
Please see homedepot.com for details.

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H89 152752 150150
PASSWORD: 21164 150143

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

← 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

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.)

[illegible]

* 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 (continued)[illegible]

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.

[illegible]

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