

## Form CPF M 102: Campaign Finance Report Municipal Form NORTON TOWN CLERK

Office of Campaign and Political Finance

2019 APR 16 A 9: 39
File with: City or Town Clerk or Election Commission

Fill in Rep	porting Period dates: Beginning Date: 1/1/	2019	Ending Dat	e: <u>4/15/2019</u>					
	Leport: (Check one) preceding preliminary	☐ 30 day	after election	year-end repor	t [] dissolution	n			
John Conway  Candidate Full Name (if applicable)			Conway for Norton  Committee Name						
Board of Selectmen - Norton			Katie Conway						
Office Sought and District			Name of Committee Treasurer						
27 Oak Street, Norton MA 02766			27 Oak Street, Norton MA 02766						
Residential Address			Committee Mailing Address						
E-mail: conway4norton@gmail.com			E-mail: conway4norton@gmail.com						
Phone # (option	one # (optional): (781) 405-1796		Phone # (optional): (781) 405-1796						
SUMMARY BALANCE INFORMATION:									
×	Line 1: Ending Balance from previous report		1070.00						
	Line 2: Total receipts this period (page 3, line 1	1)							
	Line 3: Subtotal (line 1 plus line 2)			107	70.00				
	Line 4: Total expenditures this period (page 5, 1	ine 14)	609.62						
	Line 5: Ending Balance (line 3 minus line 4)								
	Line 6: Total in-kind contributions this period (	page 6)			0.00				
	Line 7: Total (all) outstanding liabilities (page 7	7)			0.00				
	Line 8: Name of bank(s) used: Citizens Bank								
I certify that activity, incl finance activ	Committee Treasurer:  I have examined this report including attached schedules and it is, to the buding all contributions, loans, receipts, expenditures, disbursements, in-king of all persons acting under the authority or on behalf of this committee are the penalties of perjury:  **The Committee Committee are the penalties of perjury:**  **The Committee Committee are the penalties of pe	nd contributions	and liabilities for this	reporting period and re f M.G.L. c. 55.	nt of all campaign final epresents the campaign te: 4/15/2019	nce			
FOR CAL	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)							
I certify activity	late with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to, of all persons acting under the authority or on behalf of this committee in d any liabilities nor made any expenditures on my behalf during this report	accordance wi	knowledge and belief, and the requirements of I	a true and complete state. M.G.L. c. 55. I have no	tement of all campaign ot received any contrib	i finance outions,			
I certify	late without Committee OR Candidate with independent activity filing that I have examined this report including attached schedules and it is, to activity, including contributions, loans, receipts, expenditures, disbursement of finance activity of all persons acting under the authority or on behalf of	the best of my ents, in-kind con	knowledge and belief, a atributions and liabilitie	es for this reporting per	riod and represents the	1			
Signed under the penalties of perjury: (Candidate's signature)  Date: 4/15/2019									

## 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		
Date Meterveu		Amount	(for contributions of \$200 or more)		
4/10/2019	Blinn, Christopher 1913 16th Ave South, Apt E Birmingham, AL 35205	20			
3/22/2019	Conway, John (candidate) 27 Oak St Norton, MA 02766	100			
3/26/2019	Conway, John (candidate) 27 Oak St Norton, MA 02766	350	Project Manager EMD Serono, Inc. 1 Technology Place Rockland, MA 02370		
3/28/2019	Gallagher, Kelly 201 Bay Road Norton, MA 02766	25			
3/29/2019	Heaney, David 25 Fletcher Way Norton, MA 02766	50			
3/29/2019	Holcomb, Margaux 6 Pratt Drive Norton, MA 02766	25			
3/28/2019	Luciano, Denise 6 Boutas Drive Norton, MA 02766	50			
3/27/2019	Ollerhead, Sandra 14 Tipping Place Norton, MA 02766	100	/		
3/27/2019	Parker, Laura 4 Allen Drive Norton, MA 02766	100			
4/1/2019	Sawyer, Aimee 7 Ellis Road Norton, MA 02766	50			
3/29/2019	Schmidt, Beverly 8 Anderson Road Stoughton, MA 02072	100			
4/1/2019	Yezukevich, Bonnie 117 North Worcester Street Norton, MA 02766	50			
Line 9: Total Rece	ripts over \$50 (or listed above)				
Line 10: Total Reco	eipts \$50 and under* (not listed above)	0			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	← Enter on page 1, line 2			

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