

# Form CPF M 102: Campaign Finance Report

Municipal Form

NORTON TOWN CLERK Municipal 1 01 101
Office of Campaign and Political Finance
2021 APR 20 AM 11: 15

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date: H 1/4 7
Type of Persons (Cl. 1	710 21
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report   dissolution
Candidate Full Name (if applicable)  Office Sought and District	Joseph Coglinno - For Responsible Gov Committee Name Juseph Cogliniu
Residential Address E-mail:	202 BM RD North MA Committee Mailing Address
Phone # (optional):	E-mail:  Phone # (optional): 508 958 5705
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line	3206.16
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: BANK C	F AMERICA
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or inance activity of all persons acting under the authority or on behalf of this committee in a cigned under the penalties of perjury:	of my knowledge and belief, a true and complete statement of all campaign finance ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 4///6/2/
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accommuted any liabilities nor made any expenditures on my behalf during this reporting p	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, eriod that are not otherwise disclosed in this way at the contributions.
Candidate without Committee  1 certify that I have examined this report including attached schedules and it is, to the bifinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my knowledge and belief, a true and complete statement of all campaign
gned under the penalties of perjury:	(Candidate's signature) Date:

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
	Ann of the Latterpoon with all places of the con-			
138,412				
			process on the second s	
9: Total Receipts	over \$50 (or listed above)			
	\$50 and under* (not listed above)			
	CEIPTS IN THE PERIOD			

<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.

### SCHEDULE B: EXPENDITURES (continued)

Date Paid To Whom Paid (alphabetical listing		Address	Purpose of Expenditure	Amount	
		7 7			
-					
	I	Line 12: Expenditures over \$5	50 (or listed above)		
		ine 13: Expenditures \$50 and			
	<u> </u>	ine 14: TOTAL EXPENDIT		OLI CONTRACTOR OF THE PARTY OF	

<sup>\*</sup> 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 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 → Lin	ne 18: TOTAL OUTSTANDE	NC I I A DI I I I I I I I I I I I I I I I		

Printmaster
89 Access Road, unit 17
norwood, MA 02062
7817696656
tim@printmasteronline.com
www.printmasteronline.com

BILL TO Joe Cogliano

### Invoice

# PrintMaster PRINTING & MORE

INVOICE #	DATE	TOTAL DUE	The second secon	TERMS	ENCLOSED
121229	04/06/2021	\$3,135.29	A SECTION OF THE PROPERTY OF T	Due on recpt	and an area of the same of the
SHIP DATE 04/06/2021	SHIP to PC		SALES REP C	JOB NUM 4.21.905	
ACTIVITY			QTY	RATE	AMOUNT
Digital Printing EDDM post card	ds - Norton		7,184	0.236637	1,700.00T
Post/Ship/Handl EDDM			7,184	0.185	1,329.04
2 drops, Tauntor	n and Norton PO				
Please remit all	Payments to:	5 00 10 0 0 0000m	SUBTOTAL		3,029.04
Difference of the Control of the Con		TAX (6.25%	s)	106.25	
Printmaster / Co			TOTAL		3,135.29
89 Access Road, unit 17 Norwood, MA 02062		BALANCE [	DUE	\$3,135,29	

Even if you order from our Canton or Norfolk location.

## ACCESS ROAD
NORWOOD, MA 02062
(781)769-6556

SALE | SAL

Thanks for the Biz!

We really appreciate it

# webnode

## cleverbridge

Kelly Gallagher , MA 02035 United States

#### INVOICE

Reference number: (required for all inquiries)

265882480

Invoice date:

3/18/2021

Invoice number:

BKD-73635343026

#### INVOICE INFORMATION

<b>#</b> 1	Product name  Domain registration savenortontownmeeting.com 1 year  Duration: 360 day(s)	<b>Delivery</b> electronic	Qty. 1	Pric \$19.9	
2	Premium Package Limited, 1 year Duration: 360 day(s)	electronic	1	\$46.8	0
			Subtotal: Sales tax:	\$66.70 \$4.11	-
Unles	s stated otherwise, the delivery date is identical to	o the billing date.	Total:	\$70.83	7

#### PAYMENT DETAILS

Your credit card that the charge on your credit card will appear as "CBI\*WEBNODE."

Reinbursed K. GAHAgher 4/16/21 # 70.87 ck#1576 QC.

Federal Tax ID: 20-4503251