



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: 5/30/2020 Ending Date: 07/03/2020

Type of Report: (Check one)

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

Patti J Sawtelle  
Candidate Full Name (if applicable)

Town Clerk  
Office Sought and District

115 College Ave  
Residential Address

E-mail: pandpk18@yahoo.com

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

Committee to Elect Patti Brennan Sawtelle  
Committee Name

Brian Shea  
Name of Committee Treasurer

2 Brattle Dr Apt 1, Arlington, MA02474  
Committee Mailing Address

E-mail: brennansawtelleforartownclerk@gmail.com

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

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$889
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	\$889
Line 4: Total expenditures this period (page 5, line 14)	\$889
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	\$2966.91
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Leader Bank

#### 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: 7/1/2020

#### 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: \_\_\_\_\_ (Candidate's signature) Date: 7/2/2020



# 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

2020 JUL -2 PM 1:16

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="6/28/2020"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Patti Brennan Sawtelle"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Patti Brennan Sawtelle"/>
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
5/7/2020	Connolly Printing	17B Gill St Woburn, MA	Mailing Partial reimbursement	\$889

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$889
	Line 2: Expenditures \$50 or under (not itemized):	\$0
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>\$889</b>

<p><b>Signed under the penalties of perjury:</b></p> <div style="text-align: center; margin-top: 20px;">               _____              Signature of Candidate / Treasurer         </div>	<p>Date: <input style="width: 90%;" type="text" value="6/28/2020"/></p>
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Please prepare a separate report for each reimbursement check issued by the committee.

## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Patti Brennan Sawtelle	115 College Ave	Loan forgiven	\$2,966.91
Line 15: In-Kind Contributions over \$50 (or listed above)				\$2,966.91
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>\$2,966.91</b>

\* 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.

2020 JUL -2 PM 1:49

2020 JUL -2 PM 1:49

2020 JUL -2 PM 1:49