



**Form CPF M101 : STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**
Office of Campaign and Political Finance



File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

1. Committee Name: Committee to elect Jen Turner
(The name of the committee must include the candidate's last name)

2. Committee Address: 364 Rockrimmon St. Belchertown MA 01007

2a. Mailing Address: 364 Rockrimmon St. Belchertown MA 01007

3. Purpose: Belchertown Board of Selectmen

4. Officers:

| | Name | Residential Address | Zip | Tel. No. |
|----------------|-------------------------|-----------------------------|--------------|---------------------|
| Chairman: | <u>Jen Turner</u> | <u>364 Rockrimmon St.</u> | <u>01007</u> | <u>413-345-2439</u> |
| Treasurer: | <u>Gretchen Duhaime</u> | <u>125 Mountain View Dr</u> | <u>01007</u> | <u>781-552-9894</u> |
| Other officer: | | | | |
| Other officer: | | | | |

Attach additional page, if necessary, with other officers and finance committee, if any

5. Candidate: Jen Turner 364 Rockrimmon St 01007 413-345-2439

| Name | Address | Zip | Tel. No. |
|------------------------------------|-------------------------|-----|---|
| 6. Office Sought: <u>Selectmen</u> | <u>Belchertown</u> | | <u>WE</u> |
| <small>Title</small> | <small>District</small> | | <small>Party affiliation, if applicable</small> |

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:
[Signature] 4/11/19
Candidate's signature Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:
[Signature] 4/11/19
Treasurer's signature Date

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:
[Signature] 4/11/19
Chairman's signature Date





Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance



Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|----------------|--------------|---|------------------------|----------|
| April 5, 2019 | Sticker Mule | 336 Forest Ave Amsterdam NY 12010 | Marketing | \$80.31 |
| April 11, 2019 | Sticker Mule | 336 Forest Ave Amsterdam NY 12010 | Marketing | \$174.25 |
| April 29, 2019 | Moo | "14 Blackstone Valley Pl Lincoln RI 02865" | Marketing | \$123.70 |
| | | | | |
| | | | | |

(Include items listed on Page 2) →

| | |
|--|-------------------------------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <input type="text" value="378.26"/> |
| Line 2: Expenditures \$50 or under (not itemized): | <input type="text" value="0"/> |
| Line 3: TOTAL AMOUNT REIMBURSED: | <input type="text" value="378.26"/> |

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



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: 4/11/2019 Ending Date: 5/10/2019

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Jennifer Turner
 Candidate Full Name (if applicable)
 Selectman
 Office Sought and District
 364 Rockrimmon St, Belchertown MA 01007
 Residential Address
 E-mail: _____
 Phone # (optional): _____

Committee to Elect Jen Turner
 Committee Name
 Gretchen Duhaime
 Name of Committee Treasurer
 364 Rockrimmon St, Belchertown MA 01007
 Committee Mailing Address
 E-mail: _____
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

| | |
|--|--------------|
| Line 1: Ending Balance from previous report | 0 |
| Line 2: Total receipts this period (page 3, line 11) | 932 |
| Line 3: Subtotal (line 1 plus line 2) | 932 |
| Line 4: Total expenditures this period (page 5, line 14) | 877.66 |
| Line 5: Ending Balance (line 3 minus line 4) | 54.34 |
| Line 6: Total in-kind contributions this period (page 6) | 64.71 |
| Line 7: Total (all) outstanding liabilities (page 7) | 0 |
| Line 8: Name of bank(s) used: | Country 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: [Signature] (Treasurer's signature) Date: 5/10/19

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: [Signature] (Candidate's signature) Date: 5/10/19

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) |
|--|---|------------|---|
| Apr 12, 2019 | Audrey Anderson 43 Rural Rd Belchertown MA 01007 | 100 | |
| Apr 16, 2019 | Laurie Herrick 241 Madison Ave W Holyoke MA 01040 | 100 | |
| May 5, 2019 | Mark Medaugh 20 George Hannum St Belchertown MA 01007 | 200 | Dentist Valley Dentist |
| May 3, 2019 | Joshua Stewart 181 West St Apt D3 Ware MA 01082 | 100 | |
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| Line 9: Total Receipts over \$50 (or listed above) | | 500 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 432 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 932 | ← 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.)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|---|------------------------|---------------|
| May 3, 2019 | Soundscape Merchandise | 40 Front St Belchertown MA 01007 | Marketing | 312.5 |
| May 10, 2019 | Soundscape Merchandise | 40 Front St Belchertown MA 01007 | Marketing | 156.25 |
| May 10, 2019 | Jennifer Turner | 364 Rockrimmon St Belchertown MA 01007 | Marketing | 378.26 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 847.01 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 30.65 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 877.66 |

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

