

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 01/	01/2019	Ending		12/31/2019	rk or Election Commissio
					English Control
Type of Report: (Check one)					, , , , , , , , , , , , , , , , , , ,
8th day preceding preliminary 8th day preceding election	30 day	after election	X 3	ear-end report	dissolution
Michael O'Loughlin	Comm	ttee To Elect Mik	re O'Lou	uahlin	
Candidate Full Name (if applicable)	-			mittee Name	
Selectman-Town of Rockland	Rosann	e Murphy			
Office Sought and District		Na	me of Co	mmittee Treasurer	
471 West Water Street, Rockland, MA 02370	36 Plai	Street, Rocklar			
Residential Address		C	ommittee	Mailing Address	
E-mail:	E-mail:				
Phone # (optional):	Phone # (optional):			
SUMMARY BALANC	CE INFO	RMATION:			
Line 1: Ending Balance from previous report				460	28
Line 2: Total receipts this period (page 3, line 11	.)			0.0	00
Line 3: Subtotal (line 1 plus line 2)				0.0	00
Line 4: Total expenditures this period (page 5, lin	ne 14)			60.0	00
Line 5: Ending Balance (line 3 minus line 4)				400.2	28
Line 6: Total in-kind contributions this period (p.	age 6)			0.0	00
Line 7: Total (all) outstanding liabilities (page 7)	0.00			00	
Line 8: Name of bank(s) used: Rockland Trust Con	npany				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions	and liabilities for this	reporting	g period and represe	
Signed under the penalties of perjury:X	uphe	(Treasurer's		Doto: 0	1/19/2020
FOR CANDIDATE FILINGS ONLY. Affidavit of Candidate: (check 1 be	ox only)				
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity and incurred any liabilities nor made any expenditures on my behalf during this reporting	ccordance with	the requirements of	M.G.L. c	. 55. I have not rece	
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	s, in-Ind cont	ibutions and liabiliti	es for this	s reporting period an	d represents the
Signed under the penalties of perjury:	must	Candidate's	s sionatur	Date: 0	1/19/2020

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.)

eport all receipts. Pl	ease include your committee name and a pa	ige number on e	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabencai listing required)	Amount	(for contributions of \$200 or more)
#1			
11			
-			
ine 9: Total Receipt	ts over \$50 (or listed above)	0.00	
ine 10: Total Receip	ots \$50 and under* (not listed above)	0.00	
ine 11: TOTAL RE	ECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2
		O Time 10 about	

^{*} 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical fisting required)	Amount	(101 contributions of \$200 of more)
	Y		
Line 9: Total Receip	ots over \$50 (or listed above)	0.00	
Line 10: Total Recei	pts \$50 and under* (not listed above)	0.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2
			N

^{*} 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
03/30/19	Rockland Trust Company	288 Union Street, Rockland, MA 02370	dormant account fees	30.0
04/30-12/31/19	Rockland Trust Company	288 Union Street, Rockland, MA 02370	dormand account fees	30.0
		Line 12: Total Expenditures over	er \$50 (or listed above)	0.0
		Line 13: Total Expenditures \$50	and under* (not listed above)	0.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	60.00

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

Page 4

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	0.00
		Line 13: Expenditures \$50 and u	under* (not listed above)	0.00
	_			60.00
		Line 14: TOTAL EXPENDIT	ORES IN THE PERIOD	60.0

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

		8

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
			1
		Line 15: In-Kind Contributions over \$50 (or listed above)	0.00
		Line 16: In-Kind Contributions \$50 & under (not listed above)	0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS	0.00

^{*} 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.

Page 6

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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
			ING LIARILITIES (ALL)	