

## Form CPF M 102-0: Campaign Finance Report

## Municipal Form Office of Campaign and Political Finance

rt RECEIVED CLERK'S OFFICE SHARON, MA 02067

7019 MAY 16 A 9: 45

City or T	Town of: Sho	aron						
		Please pri	nt or type all i	nformation, except	signatures.			
Fill in da Reporting	ites: g Period Beginning	Month Da	-	ear 5)9 Ending	Month 5	Day 13	Year 2019	<del>,</del>
□ 8tl	Report: (Check One h day preceding eliminary/primary	8th day precedi	ng election	30th day follo	_		n day of January r-End Report)	P
Pursuant to M.G.L., Chapter 55:  1. I certify that I am a candidate for or hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.								
DATE		NATURE		IDENTIAL ADDI		III. OFFI	CE SOUGHT	

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT	
5/16/19	Ralpin Lenerays Raph Generazzo	16 LARASON FARM RD	Housina furtonity	
	Ralph General 20			
		~		
	·			



## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealt of Massachuse		RECEIVED	File with: City or Town Clerk or Election Commission		
Fill in Rep	porting Period dates:	Beginning Dates A 03	8/2019 Ending Date: 5/15/2079		
1	Leport: (Check one) preceding preliminary	2019 MAY 15 P 4;  Sth day preceding election	30 day after election  year-end report dissolution		
	Ule DeFalco Candidate Full Nam	e (if applicable)	Committee Name		
<u> </u>	Chool Commi Office Sought		Name of Committee Treasurer		
	Residential	Sharon, MA 02067 Address 806-0278	Committee Mailing Address  Telephone Number (optional):		
		SUMMARY BALANC	CE INFORMATION:		
)	Line 1: Ending Ba	alance from previous report			
		ipts this period (page 3, line 11	\$0.00 JDR \$ 2,105.83		
	Line 3: Subtotal (	line 1 plus line 2)	80.00		
	Line 4: Total exp	enditures this period (page 5, lin			
	Line 5: Ending B	alance (line 3 minus line 4)	= \$2,105.83 \$ 0.00		
	Line 6: Total in-k	ind contributions this period (p	age 6) #0100		
	Line 7: Total (all)	outstanding liabilities (page 7)	# 0.00		
	Line 8: Name of	bank(s) used: Cih3e	ens Bank (personal account)		
I certify that activity, inch finance activ			est of my knowledge and belief, a true and complete statement of all campaign finance d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:		
_		$\overline{ ext{LY}}$ : Affidavit of Candidate: (check 1 b	box only)		
ببنينيم كالال	of all persons acting under the	including attached schedules and it is, to the authority or on behalf of this committee in a penditures on my behalf during this reportin	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period.		
I certify	late without Committee  that I have examined this report activity, including contributions gn finance activity of all persons	including attached schedules and it is, to the control of the cont	the best of my knowledge and belief, a true and complete statement of all campaign and ints, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.  Date: 5/15/19		
lo:	atha panalties of neriury:	111/0000	(Candidate 8 signature)		

## 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.)

	Name and Residential Address	ander on each pag			
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
5/15/2019	Julie Rave/Clifton Rowe	\$205.83	PORTFOLIO MANAGER		
			LODMIS SAYLES, BOSTON MA		
William I	1				
		CT-STOCKES PRODUCTION AND AND AND AND AND AND AND AND AND AN			
THE PARTY OF THE P	Committee	- Commence of the Commence of			
THE PROPERTY OF THE PROPERTY O					
		PARTIES OF THE PARTIE			
	C				
		1777	-		
		The state of the s			
Tara da		The state of the s			
	7 P				
ne 9: Total Receipts	over \$50 (or listed above)				
ne 10: Total Receipt	s \$50 and under* (not listed above)		_		
ne 11: TOTAL REC	CEIPTS IN THE PERIOD	41	Buter on page 1. Jino 2		
from have itemized to		· = JR	← 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.

Juli Rane Compargnetinance Fragast