



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

May 13, 2019 ✓

File with: City or Town Clerk or Election Commission

RECEIVED
CLERK'S OFFICE
SHARON, MA 0378/2019

Fill in Reporting Period dates:

Beginning Date:

5/8/2019

Ending Date:

5/15/2019

Type of Report: (Check one)

2019 MAY 15 P 4:49

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Julie DeFalco Rowe

Candidate Full Name (if applicable)

School Committee; Sharon

Office Sought and District

101 Hampton Rd., Sharon, MA 02067

Residential Address

Telephone Number (optional):

781-806-0278

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE 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 14)

Line 5: Ending Balance (line 3 minus line 4)

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

Citizens Bank (personal account)

—
~~\$0.00~~ JDR \$ 2,105.83
\$ 0.00
\$ 2,105.83
~~\$ 2,105.83~~ JDR \$ 0.00
\$ 0.00
\$ 0.00

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:

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.

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Julie Rowe

(Candidate's signature)

Date:

5/15/19

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)
5/15/2019	Julie Rowe / Clifton Rowe	\$ 205.83	PORTFOLIO MANAGER LODMIS SAYLES, BOSTON MA
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 205.83	← 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.

Page 2

Schedule B: Expenditures

Date Paid	To Whom Paid (alphabetical)	Address	Purpose of Expenditure	Amount
3/5/2019	Maier Creative Designs	https://www.etsy.com/shop/MaierCreativeDesigns	Campaign logo design	\$60.00
3/6/2019	Wordpress	www.wordpress.com	Website and domain name	\$60.00
3/14/2019	Signarama	458 High Plain St. Walpole, Ma. 02081 508-660-1231	Campaign signs	\$1,354.69
3/26/2019	Office Max	70 Providence Hwy, East Walpole, MA 02032 (508) 660-1256	Postcard sheets, ink cartridges for printer	\$122.80
3/30/2019	Canva	www.canva.com	Postcard to mail	\$90.00
4/11/2019	Bouqs	www.bouqs.com	Flowers - Thank you gifts	\$69.38
5/2/2019	Bouqs	www.bouqs.com	Flowers - Thank you gifts	\$100.50
5/7/2019	USPS	15 S. Main St., Sharon, MA 02067	Stamps for postcard mailing	\$128.80
5/10/2019	Home Depot	1415 Providence Hwy, Norwood MA 0202	Wooden sticks for sign holding	\$22.40
5/12/2019	CVS	95 Washington St., Canton, MA	Inkjet labels	\$12.26
5/15/2019	Flowers by Ami	95 Washington St., Canton, MA	Flowers - Thank you gifts	\$85.00
			TOTAL	\$2,105.83

*Julie Rave
Campaign Finance
Report*

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

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 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$0.00