



Commonwealth of Massachusetts

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

NORTHBOROUGH TOWN CLERK
RCUD 2021 MAY 4 PM 12:07

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
4/3/21	Massachusetts Democratic Party	11 Beacon Street #410 Boston, MA	VoteBuilder	\$600

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: **TOTAL AMOUNT REIMBURSED:**

Signed under the penalties of perjury: 

Signature of Candidate / Treasurer

Date:

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