

Form CPF M 102: Campaign Finance Report

Municipal Form

NORTHBOROUGH TOWN CLERK RCUD 2021 MAY 3 PM3:52

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 25.21 Ending Date: 7.2.2.4			
	262 Ending Date: 5 3 2021			
Type of Report: (Check one)				
8th day preceding preliminary 28th day preceding election	30 day after election year-end report dissolution			
Theresak Copubianio				
Candidate Full Name (if applicable) Northborough Planning Coured	Committee Name			
Office Sought and District	Name of Committee Treasurer			
Residential Address	Compiler Malling A.C.			
E-mail: + he resu (a) capolaw firm. com	Committee Mailing Address E-mail:			
Phone # (optional): 508 - 653 - 770 508 - 3-11 - 188	Phone # (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	0			
Line 2: Total receipts this period (page 3, line 11)	4281,43			
Line 3: Subtotal (line 1 plus line 2)	4281.43			
Line 4: Total expenditures this period (page 5, line	e 14) 4281.45			
Line 5: Ending Balance (line 3 minus line 4)	0			
Line 6: Total in-kind contributions this period (page	ge 6)			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used:	N/A			
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 hathority 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 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, disburactions, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting indee the authority or on bedialf of this candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penaltics of perjury:	(Candidate's signature) Date: 5 9 2021			

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 Date Received (alphabetical listing required) Amount		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
4/1/21	CapobianioLawPC	1	Lawfirm	
1116	S8 Main St. Nevtoburge 1062.		Thoraxek Capubionio, Presting	
111-1	CapobicenioLawPC		Lawfiva	
4/3/21	88 Meur St Novthburorgh	1566.28	Thereak Capobiano, Prest Tree	
	Capabianio Lawre		Cowfuer	
4/8/21	88 Main St Northborn	5500	Theresale Capetrares, Pros + Ireas	
4/20/21	Capobianee Law PC		Lawfur	
9/20/21	88 bounst Nathbrugh	255	Photose K Capo Marco Prest Tros	
11/21/21	Capobianev Law RC	nund	Law hom	
4/24/21	88 Marist Northburgh	954	Therewillepananio Pestition	
4/26/21	CerpobiancoLawa		Lew Jour	
THE	88 Maun St Lathburgh	704	Therenk Capola 2000 Pror Juan	
4/27/21	Theresa k Capubian w	9/800	Athrnoy-self-employed Capobionce aw &	
9/2/12/	Theresic Acades Control	7/6	Capobionie aw k	
11/27/21	Cerponanio Law PC		caw 7mm	
4/27/21	88 War St Northbaragh	345-	Theresul Capolinano Pit	
		-		
3				
Line 9: Total Receipts over \$50 (or listed above)		14271.89		
Line 10: Total Receipts \$50 and under* (not listed above)		9,54		
Line 11: TOTAL RECEIPTS IN THE PERIOD 4281,43			← Enter on page 1, line 2	
* If you have itemized receipts of \$50 and under include them in line 9. Line 10 shoul				

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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6.			
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- X			
ine 9: Total Receip	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← 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.)

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
4/1/21	John Fouracre dba Unisian	94 Aeasant St Northburgh MA	SIGNS	106250
4/8/21	Clark Mailing Senice Inc	41 Jackson St Winnester MA OINUS	Pesticands	150698
4/8/21	US Postal Suc	235 W. Mara St Northborough MA 01537	(100x0.55) Stamps	55-
4/20/21	John Fouracre dba Umsign	99 Aleasont ST Novamourage	banner	255
4/24/21	Ace Hardware	maney's Plaza Northburny	PVC pipe + Zipties for banner	954
426/21	Vistalant	Vistaprint Notherlands BV Hudsonweg & Venlo, Netherlands 5928	Campuign Business cards	70:11
4/27/21	D-Signs	94 main St Northbraugh	Banner	918200
4/27/21	John Ferracre dber Umsign	ga Pressont St Northbrooks	addil sopus	345-
		0		
	·			
		Line 12: Total Expenditures over	er \$50 (or listed above)	4271.89
			9,54	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	Y281,43
f you have item	ized expenditures of \$50 and under	include them in line 12. Line 12 als	outal in alcohola and a discount of the	

^{*} 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

SCHEDULE B: EXPENDITURES (continued)

Date Paid (alphabetical listing) Address Purpose of Expenditure	Amount		
	V		
	1		
11)			
	<u> </u>		
Line 12: Expenditures over \$50 (or listed above)			
Line 13: Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditure			

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

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
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
*	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} 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