

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

Office of Campaign and Political Finance

MAY 1 0 2021

Fill in Reporting Period dates: Beginning Date: 3 10 203 (Ending Date: 5)	Swn Clerk or Election Commissi
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30 day after election year-end re	eport dissolution
CURTIS & CETRULO  Candidate Full Name (if applicable)  Committee Name	
BOARD OF HEALTH	
Office Sought and District / Name of Committee Tre	asurcr
5 OLO RIDGE HILLCHILMARK  Residential Address  Committee Mailing Address	dress
G-mail: CURT, CETRULOGE-MAIL. COY   E-mail:	
Phone # (optional): 617-320-9962 Phone # (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:	
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 state ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and nance 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.  igned under the penalties of perjury:  (Treasurer's signature)	
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 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 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.O.	period and represents the

## 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)
4/21/21	Crayy Cheap Signs	\$328,94	
4/24/21	Post Office- Composit Delect miss	4166.27	7237002
4/23/21	Tisley Printer	868.22	
3/11/21	Buchine - William Buchine 210 IRVING PA BROOKLY, N.Y 71	71000 237	
3/31/21	Gland Algno-Kara	\$164,78	AMERICAN
4)13/21	Post cards - Keen Palmer	103.99	
3/15/21	Consultant	11000	
3/15/21	Consultant	\$1000	
	10	em Lesse wil	
	100	ar para est	
ine 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2 d include only those receipts not itemized above.