

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

Office of Campaign and Political Finance

CHILMARK TOWN CLERK

Commonwealth of Massachusetts Let D D Comman L III When the Massachusetts	ben 100 mt
Fill in Reporting Period dates: Beginning Date: 18	File with: City or Town Clerk or Election Commission Ending Date:
Type of Paparts (Charle and)	
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	□ 30 days of an electrical □ □
and day preceding premininary and day preceding election	30 day after election year-end report dissolution
CURTIS L. CETRULO	
Boradal of South 1 Chail went	Committee Name
Office Sought and District	Name of Committee Treasurer
E-mail: CURT, CITTRULO	Committee Mailing Address E-mail:
Phone # (optional): 617-320-9962 @GMAIK, CON	Phone # (optional):
SUMMARY BALANCI	E 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 (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee.	puributions and liabilities for this reporting period and represents the campaign
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 b activity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of M.G.L. c. 55. I have not received any contributions
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority	n-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 5 / 15/2

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)
5/12/21	Tisbury Printer	804.84	
5/14/21	Newspoper Cel	800	
5/14/21	Consultant for	9,50	
	70003188038	JAN 144 A	Za/k Je
		1 0000000000000000000000000000000000000	in the second rest from the
		V - 100	7
100	per the transfer of the second		The second secon
er en			
Line 9: Total Rece	eipts over \$50 (or listed above)	1554.8	4
Line 10: Total Rec	ceipts \$50 and under* (not listed above)	\$ 166,60	le le
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1711,40	← 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.

