



RECEIVED AT

OCT 30 2017

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Joseph P. ...
Marilyn ...
City Clerk

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Sept. 2 2017 Ending Oct. 26 2017

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Paul J. Hopkins
Full Name of Candidate (if applicable)
City Council, North Adams
Office Sought and District
98 Brooklyn St.
Residential Address
North Adams, MA 01247
Tel. No. (optional)

Committee Name
Name of Committee Treasurer
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 0.00
Line 2: Total receipts this period (page 2, line 11)	\$ 1241.92
Line 3: Subtotal (line 1 plus line 2)	\$ 1241.92
Line 4: Total expenditures this period (page 3, line 14)	\$ 1165.03
Line 5: Ending balance (line 3 minus line 4)	\$ 76.89
Line 6: Total in-kind contributions this period (page 4)	\$ 186.00
Line 7: Total (all) outstanding liabilities (page 4)	\$ 0.00
Line 8: Name of bank(s) used	<u>Greylock Federal Credit Union</u>

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 (in ink) _____ Date _____

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
 Candidate with Committee and no activity independent of the 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 OR Candidate with independent activity filing separate report
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:
Paul Hopkins _____ 10/30/2017
Candidate signature (in ink) _____ Date _____

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.

This page may be copied if additional pages are required to 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
9/22/17	Beck's Printing	16 Protection Ave N. Adams MA	signs, stickers	409 44
8/31/17	Ryan Crowley	674 W. Housatonic Pittsfield MA 01201	photograph	60 00
10/20/17	Spectrum	Hodges Crossroad N. Adams MA	TV ad	110 00
Line 12: Expenditures over \$50				579 44
Line 13: Expenditures \$50 and under*				585 59
Line 14: TOTAL EXPENDITURES				1,165 03

Enter on page 1, line 4

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



Commonwealth of Massachusetts

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

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: 10/23/2017

Name of Individual Being Reimbursed: Frank Casuscelli

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
<u>10/23/17</u>	<u>Frank Casuscelli</u>	<u>602 Natick Rd N. Adams MA 01247</u>	<u>T-shirts</u>	<u>186.00</u>

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 186.00

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

Line 3: TOTAL AMOUNT REIMBURSED: 186.00

Signed under the penalties of perjury:

Paul Adams
Signature of Candidate / Treasurer

Date: 10/30/17

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