



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: Feb 20, 2020

Ending Date: Jun 21, 2020

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

R. Scott Hawkins

Candidate Full Name (if applicable)

Selectman - Town of Berlin

Office Sought and District

1 Village Lane, Berlin, MA 01503

Residential Address

E-mail:

Phone # (optional):

Hawkins for Berlin

Committee Name

Ross Harpestad

Name of Committee Treasurer

1 Village Lane, Berlin, MA 05103

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

1,215

Line 3: Subtotal (line 1 plus line 2)

1,215

Line 4: Total expenditures this period (page 5, line 14)

1,070.03

Line 5: Ending Balance (line 3 minus line 4)

144.97

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: Citizen Bank

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)

Date: 7/10/2020

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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 7/10/20

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) |
|---|---|--------|---|
| 2/23/2020 | Beazy Bentzen 25 Village Lane, Berlin, MA, 01503 | 100 | |
| 2/24/2020 | Liz Dichiara 59 Village Court, Berlin, MA, 01503 | 100 | |
| 3/4/2020 & 5/29/2020 <div style="text-align: right; font-size: small;">+</div> | Scott Hawkins 1 Village Lane, Berlin, MA, 01503 | 240 | Eliot Community Human Services |
| 5/12/2020 | Noel Rosenberg 21 Village Lane, Berlin, MA 01503 | 100 | |
| 2/27/2020 | David Shevett 11 Village Lane, Berlin, MA 01503 | 100 | |
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| Line 9: Total Receipts over \$50 (or listed above) | | 640 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 575 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 1,215 | ← 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 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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| Line 9: Total Receipts over \$50 (or listed above) | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | | |

* 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.)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|---|------------------------|----------|
| Apr 20, 2020 | A E Graphics | 52231 State Road 248 Long Bottom, OH 45743 | Yard Signs | 370 |
| 4/27-6/18/2020 | FaceBook | 1 Hacker Way Menlo Park, CA 94025 | Ads | 110.22 |
| Apr 23, 2020 | Minuteman Press | 160 Main Street Marlborough, MA 01752 | Postcards | 187.7 |
| Apr 27, 2020 | Office Max | 199 Boston Post Road W Marlborough, MA 01752 | Mailing Labels/Toner | 77.12 |
| 4/23/2020 | US Post Office | 250 Pleasant St Berlin, MA 01503 | Postage | 315 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 1,060.02 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 9.99 |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 1,070.03 |

* 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 B: EXPENDITURES (continued)[illegible]

* 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 |
|---------------------------|---------------------|---------------------|--|-------|
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| | | | 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 CONTRIBUTIONS | |

* 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.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---------------------------|-------------|---|---------|--------|
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| Enter on page 1, line 7 → | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | |