



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BOARD OF
ELECTION
COMMISSIONERS

17 OCT 25 PM 1:33

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1.1.17 Ending Date: 10.20.17

Type of Report: (Check one)

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

Susan J. Gravellese
Candidate Full Name (if applicable)

School Committee
Office Sought and District

43 Randall Road
Residential Address

E-mail: _____

Phone # (optional): _____

Committee to elect Susan Gravellese
Committee Name

James A. Gravellese
Name of Committee Treasurer

43 Randall Road
Committee Mailing Address

E-mail: SUSANARAV@HOTMAIL.COM

Phone # (optional): 781-286-1386

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 2.63
Line 2: Total receipts this period (page 3, line 11)	\$ 305.00
Line 3: Subtotal (line 1 plus line 2)	\$ 307.63
Line 4: Total expenditures this period (page 5, line 14)	\$ 304.90
Line 5: Ending Balance (line 3 minus line 4)	\$ 2.73
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$ 2455.00
Line 8: Name of bank(s) used:	Peoples United

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: James A. Gravellese (Treasurer's signature)

Date: 10/24/17

FOR CANDIDATE FILINGS ONLY: 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.

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)
8/29/17	Susan Gravellese 43 Randall Rd	200.00	School Committee
9/5/17	Susan Gravellese 43 Randall Rd	105.00	" "
Line 9: Total Receipts over \$50 (or listed above)		\$305.00	
Line 10: Total Receipts \$50 and under* (not listed above)		 	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$305.00	← 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 D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding as well