



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04/21/18 Ending Date: 05/22/18
Town Clerk: Hingham, MA

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

Judith S. "Judy" Sneath
Candidate Full Name (if applicable)
Planning Board seat in Town of Hingham
Office Sought and District
89 North St., Hingham MA 02043
Residential Address
E-mail: jssneath@hotmail.com
Phone # (optional): _____

Committee to Elect Judy Sneath
Committee Name
John Sneath
Name of Committee Treasurer
89 North St., Hingham, MA 02043
Committee Mailing Address
E-mail: john.sneath@tributehomecare.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>482.50</u>
Line 2: Total receipts this period (page 3, line 11)	<u>100.-</u>
Line 3: Subtotal (line 1 plus line 2)	<u>582.50</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>582.50</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>- 0 -</u>
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:	<u>TD Bank, Hingham Sloopyard</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) Date: 5/22/18

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, 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: _____ (Candidate's signature) Date: _____



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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: 5/18/18
Name of Individual Being Reimbursed:	JUDY SNEATH
Committee Name:	COMMITTEE TO ELECT JUDY SNEATH
CPF ID Number (if applicable):	 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/13/18	WESTON GRAPHICS	45 Industrial Park Road Hingham MA 02043	postcards; supplies for display	78.73
4/30/18	CAFFE TOSCA	15 North Street Hingham MA 02043	Food - poll worker party	52.97
4/30/18	Hingham Liquors	118 North St Hingham MA 02043	Beer, soda - poll worker party	73.11

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	204.81
Line 2: Expenditures \$50 or under (not itemized):	141.69
Line 3: TOTAL AMOUNT REIMBURSED:	346.50

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5/18/18

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