Form CPF M 102: Campaign Finance Report
Municipal Form

Fill in Reporting Period dates:  
Beginning Date: May 6, 2016  
Ending Date: 06/09/2016

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

Steve Guamer  
Candidate Full Name (if applicable)  
Selectman, Cohasset  
Office Sought and District  
86 Pond St., Cohasset, MA 02025  
Residential Address

Telephone Number (optional):  

Committee to Elect Steve Guamer  
Committee Name

Paul Carlson  
Name of Committee Treasurer

P. O. Box 292, Cohasset, MA 02025  
Committee Mailing Address

Telephone Number (optional):  

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report  
$1,850.00

Line 2: Total receipts this period (page 3, line 11)  
300.00

Line 3: Subtotal (line 1 plus line 2)  
$2,150

Line 4: Total expenditures this period (page 5, line 14)  
$2,150.00

Line 5: Ending Balance (line 3 minus line 4)  
0

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: Pilgrim 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: June 9, 2016

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: 6/9/2016
**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.)*

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 7, 2016</td>
<td>Mathew Beggan 4 Sankey Road Chassett</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>May 7, 2016</td>
<td>Leiand and Leonora Jenkins 198 Jerusalem Rd Chassett</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>May 7, 2016</td>
<td>Frank and Judy Neer 52 Jerusalem Road Drive Cohasset</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

**Line 9: Total Receipts over $50 (or listed above)**  
$300

**Line 10: Total Receipts $50 and under* (not listed above)**  
is

**Line 11: TOTAL RECEIPTS IN THE PERIOD**  
$300

* 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 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.)

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>To Whom Paid (alphabetical listing)</th>
<th>Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 6, 2016</td>
<td>Cohasset Food Pantry</td>
<td>PO Box 297</td>
<td>Donation</td>
<td>175.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cohasset, MA 02025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 6, 2016</td>
<td>Friend of Cohasset Elder Affairs</td>
<td>91 Sohier St.</td>
<td>Donation</td>
<td>173.88</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cohasset, MA 02025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 10, 2016</td>
<td>Steve Gaumer</td>
<td>86 Pond St.</td>
<td>Reimbursement Form R1</td>
<td>918.15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cohasset, MA 02025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 31, 2016</td>
<td>Steve Gaumer</td>
<td>Same</td>
<td>Reimbursement Form R1</td>
<td>80.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 3, 2016</td>
<td>Steve Gaumer</td>
<td>Same</td>
<td>Reimbursement Form R1</td>
<td>797.97</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Line 12: Total Expenditures over $50 (or listed above) $2,145.00

Line 13: Total Expenditures $50 and under* (not listed above) 5.00

Line 14: TOTAL EXPENDITURES IN THE PERIOD $2,150.00

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.
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.

<table>
<thead>
<tr>
<th>Date of Reimbursement:</th>
<th>May 10, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual Being Reimbursed:</td>
<td>Steve Gaurner</td>
</tr>
<tr>
<td>Committee Name:</td>
<td>Committee to Elect Steve Gaurner</td>
</tr>
<tr>
<td>CPF ID Number (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Telephone Number (optional):</td>
<td></td>
</tr>
</tbody>
</table>

**ITEMIZE EXPENDITURES IN EXCESS OF $50**

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 25, 2016</td>
<td>Same Day Signs</td>
<td>2850 SW Cedar Hills Blvd Beaverton, OR 97005</td>
<td>Signs</td>
<td>919.15</td>
</tr>
</tbody>
</table>

(Include items listed on Page 2) →

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 1</td>
<td>919.15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 2</td>
<td></td>
</tr>
</tbody>
</table>

**Line 3: TOTAL AMOUNT REIMBURSED:**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>918.15</td>
</tr>
</tbody>
</table>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer: [Signature]

Date: June 6, 2016

Please prepare a separate report for each reimbursement check issued by the committee.
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: May 31, 2016

Name of Individual Being Reimbursed: Steve Gaumer

Committee Name: Committee to Elect Steve Gaumer

CPF ID Number (if applicable): 

Telephone Number (optional): 

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
</table>
| May 7, 2016 | George Mealy  
American Legion Post 118 | 98 Summer St.  
Cohasset, MA 02025 | Expenses for May 7 event | 80.00  |

(INCLUDE ITEMS LISTED ON PAGE 2)  

Line 1: Expenditures in excess of $50 (itemized above): 80.00

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

Line 3: TOTAL AMOUNT REIMBURSED: 60.00

Signed under the penalties of perjury:

Signature of Candidate / Treasurer:  

Date: June 6, 2016

Please prepare a separate report for each reimbursement check issued by the committee.
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: June 3, 2016

Name of Individual Being Reimbursed: Steve Gaumer

Committee Name: Committee to Elect Steve Gaumer

CPF ID Number (if applicable): 

Telephone Number (optional): 

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 13, 2016</td>
<td>NECR</td>
<td>100 Wearing Drive Hanover, MA 02339</td>
<td>Banners</td>
<td>$122.40</td>
</tr>
<tr>
<td>May 14, 2016</td>
<td>George Mealy</td>
<td>98 Summer St. Cohasset, MA 02025</td>
<td>Beverages for party</td>
<td>239.50</td>
</tr>
<tr>
<td>May 14, 2016</td>
<td>5 South Main</td>
<td>5 South Main St. Cohasset, MA 02025</td>
<td>Food for party</td>
<td>290.31</td>
</tr>
<tr>
<td>May 14, 2016</td>
<td>Stop &amp; Shop</td>
<td>400 Chief Justice Cushing Hwy. Cohasset, MA 02025</td>
<td>Party Supplies</td>
<td>73.79</td>
</tr>
</tbody>
</table>

Line 1: Expenditures in excess of $50 (itemized above): $696.00

Line 2: Expenditures $50 or under (not itemized): $101.97

Line 3: TOTAL AMOUNT REIMBURSED: $797.97

Signed under the penalties of perjury:

[Signature of Candidate / Treasurer]

Date: June 3, 2016

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