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

Fill in Reporting Period dates:
Beginning Date: 4/1/15 Ending Date: 5/20/15

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

Candidate: Peter Pescatore
Committee to elect: Peter Pescatore

Selectman
Committee Name

Office Sought and District
Committee Mailing Address

12 Lantern Lane, Cohasset 02025
7 Highland Ave., Cohasset 02025

Residential Address

Telephone Number (optional): 781-383-2660

Telephone Number (optional): 781-383-9164

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1811

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

490

Line 3: Subtotal (line 1 plus line 2)

2301

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

2285.45

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

15.55

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:
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: [Signature]
(Treasurer's signature) Date: 5/20/15

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

☐ 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: [Signature]
(Candidate's signature) Date: 5/20/15
<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>5/1</td>
<td>Post Office</td>
<td>Cohasset #90</td>
<td>Stamps</td>
<td>199.60</td>
</tr>
<tr>
<td>5/1</td>
<td>Post Office</td>
<td>Cohasset #91</td>
<td>Stamps</td>
<td>253.40</td>
</tr>
<tr>
<td>5/3</td>
<td>Levan</td>
<td>Cohasset #92</td>
<td>Post election</td>
<td>300.00</td>
</tr>
<tr>
<td>5/4</td>
<td>Post Office</td>
<td>Cohasset #93</td>
<td>Stamps</td>
<td>68.75</td>
</tr>
<tr>
<td>5/9</td>
<td>Donna McGee</td>
<td>Cohasset #94</td>
<td>Food</td>
<td>244.95</td>
</tr>
<tr>
<td>5/14</td>
<td>Goodwin Graphic</td>
<td>Cohasset #95</td>
<td>Cards</td>
<td>720.00</td>
</tr>
<tr>
<td>5/20</td>
<td>Connolly Printing</td>
<td>Woburn #96</td>
<td>Mailing</td>
<td>1035.00</td>
</tr>
</tbody>
</table>

Line 12: Expenditures over $50 (or listed above)  
2285.45

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

Line 14: TOTAL EXPENDITURES IN THE PERIOD  
2285.45

* If you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.
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>
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<tbody>
<tr>
<td>5/7/15</td>
<td>Ridaa Trujillo, 600 First Street</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>5/9/15</td>
<td>Francis and Janet Collins, 409 S Main St</td>
<td>60</td>
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<tr>
<td>5/11/15</td>
<td>E. Vanderweid, 500 Jerusalem</td>
<td>100</td>
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</tbody>
</table>

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

260

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

230

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

990

* If you have itemized receipts of $50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.