

Form CPF M 102: Campaign Finance Report RECEIVED **Municipal Form**

Office of Campaign and Political Finance

JUN 23 2020

HUDSON TOWN CLERK

				File with:	City or Town Clerk or	r Election Commission
Fill in Repor	ting Period dates: Beginning Dat	e: 01/01/	2020	Ending Date:	Jun 12, 2020	
Type of Repo	ort: (Check one)				201 - 111 - 121	
-	eding preliminary 🔀 8th day preceding	election] 30 day a	after election y	ear-end report [dissolution
Anthony L. Bu	scemi					
	Candidate Full Name (if applicable)			Соти	nittee Name	
Board of Healt	1					
	Office Sought and District			Name of Co	mmittee Treasurer	
8 Hickory Land			<u> </u>			
	Residential Address				Mailing Address	
Telephone Numbe	(optional): 478-562-1673		Telephone	Number (optional):		
	SUMMARY	BALANCI	E INFO	RMATION:	t _o	
	Line 1: Ending Balance from previous	report			0	
	Line 2: Total receipts this period (page	3, line 11)			Þ	
	Line 3: Subtotal (line 1 plus line 2)				φ	
	Line 4: Total expenditures this period	(page 5, line	: 14)		ф	
	Line 5: Ending Balance (line 3 minus	line 4)			φ	
	Line 6: Total in-kind contributions thi	s period (pag	ge 6)		Ø	
	Line 7: Total (all) outstanding liabiliti	es (page 7)			æ]
	Line 8: Name of bank(s) used:				NA	<u> </u>
activity, including	inittee Treasurer: examined this report including attached schedules and all contributions, loans, receipts, expenditures, disburse all persons acting under the authority or on behalf of the	ements, in-kind co	ontributions :	and liabilities for this reporti	ng period and represent	campaign finance s the campaign
Signed under the	penalties of perjury:			(Treasurer's signatu	re) Date:	
FOR CANDII	DATE FILINGS ONLY: Affidavit of Candida	ite: (check 1 box	г овју)			
I certify that I activity, of al	Ith Committee and no activity independent of the control have examined this report including attached schedule persons acting under the authority or on behalf of this liabilities nor made any expenditures on my behalf duri	s and it is, to the loommittee in acc		nowledge and belief, a true a the requirements of M.G.L.	nd complete statement c. 55. I have not receiv	of all campaign finance wed any contributions,
I certify that I	thout Committee <u>OR</u> Candidate with independent have examined this report including attached scheduler, including contributions, loans, receipts, expenditure ance activity of all persons acting under the authority of	s and it is, to the s, disbursements,	best of my k , in-kind cont	nowledge and belief, a true a ributions and liabilities for ti	sis reporting period and	represents the
Signed under the	penaltics of perjury: Anthrop J. 1	Buscem	r'	(Candidate's signat	nre) Date:	5-20-20

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)
300			
1			
L COLOR			
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	Φ	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Programme of the Assessment of			
AMERICAN PROPERTY.			
No.			
77.			
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under, include them in line	9. Line 10 should	d 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

	To Whom Paid	nittee name and a page number or		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			1	
i i				
			[[
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	19	Tt da momit memori		1
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

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)

	To Whom Paid	THE BY EARLY DIT ONED (C		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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				11
Westranse				
8				
D. Total				
011				
1				
11			1	İ
		Line 12: Expenditures over \$50	(or listed above)	
- A. C.			1 4 4 1 1	
7. C.		Line 13: Expenditures \$50 and 1	ınder [∓] (not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	C.
rc		; include them in line 12. Line 13 sl		

^{*} 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 Receive	From Whom Received*	Residential Address	Description of Contribution	Value
		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	Ó

* 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.

Page 6

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.

	1		
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	<u></u>
	Enter on page 1, line 7 →	Enter on page 1, line 7 → Line 18: TOTAL OUTSTAND	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)