



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
HARWICH, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 10, 2022 Ending Date: June 16, 2022

Type of Report: (Check one)

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

Emily Mitchell
Candidate Full Name (if applicable)

Town Clerk, Harwich
Office Sought and District

11 Scribner Terrace, Harwich MA 02645
Residential Address

E-mail: emitchell7543@gmail.com

Phone # (optional): (774) 209-1060

COMMITTEE TO ELECT EMILY MITCHELL
Committee Name

Rebecca Lewis
Name of Committee Treasurer

23 Vacation Lane, Harwich MA 02645
Committee Mailing Address

E-mail: rebbie@comcast.net

Phone # (optional): (425) 890-5382

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,193.8
Line 2: Total receipts this period (page 3, line 11)	710
Line 3: Subtotal (line 1 plus line 2)	2,903.8
Line 4: Total expenditures this period (page 5, line 14)	2,706.47
Line 5: Ending Balance (line 3 minus line 4)	197.33
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:	Cape Cod 5, Harwich Port Branch

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: Rebecca Lewis (Treasurer's signature) Date: 06/15/22

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

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Emily Mitchell (Candidate's signature) Date: 6/15/22

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)
5/10/2022	Courtney Buohl, 2201 San Christabolo Drive #105, Kissimmee FL 34741	25	Communications, Walt Disney Company
5/10/2022	Deb DeCosta, 167 CHATHAM RD Harwich MA 02645	100	Advertising/Sales Manager, The Cape Cod Chronicle
5/19/2022	Celine R Federici, 12 Wales Rd. East Harwich, MA 02645	35	
5/19/2022	Richard F. Huston, Anne Hynes, 10 Woody Glen Rd. Harwich MA 02645	50	
5/13/2022	John Kennedy, 18 DUNDEE CIRCLE, Harwich MA 02645	50	
5/12/2022	James Knickman, 14A Old Wharf Road, Harwich MA 02646	200	Unemployed
5/10/2022	Theodore R. Monteiro III, 6 Rose Way, Harwich MA 02645	100	
5/10/2022	Charles Spillane, 7 Herring Run, West Harwich MA 02671	100	Unemployed
5/14/2022	Erica D Strzepek, 67 Cottonwood RD., Harwich MA 02645	50	
Line 9: Total Receipts over \$50 (or listed above)		710	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		710	

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

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

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

Line 11: TOTAL RECEIPTS 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 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/13/2022	Stripe Payment Platform	https://www.stripe.com	Web page transaction fees	26.29
May 10, 2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Reimbursement for expenses detailed on CFP R1 for Check# 101. Partial payoff of liability	1,198.73
Jun 15, 2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Reimbursement for expenses detailed on CFP R1 for Check# 151. Completes payoff of liability	994.45
Jun 15, 2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Reimbursement for expenses detailed on CFP R1 for Check# 152.	487
Line 12: Total Expenditures over \$50 (or listed above)				2,706.47
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,706.47

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.

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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

Enter on page 1, line 6 →

* 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.

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.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0



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:		5/10/2022 Check# 101	
Name of Individual Being Reimbursed:	Emily Mitchell		
Committee Name:	Committee to Elect Emily Mitchell		
CPF ID Number (if applicable):		Telephone Number (optional):	(425) 749-2211

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/5/22	Vistaprint	https://www.vistaprint.com/signs-posters/yard-signs	Yard Signs and Stickers	\$796.07
4/5/22	Poliengine	https://poliengine.com/	Monthly website cost	\$35.00
4/15/22	Staples	136 Route 6A Orleans, MA 02653	Flyers	\$228.43
4/15/22	Vistaprint	https://www.vistaprint.com/signs-posters/yard-signs	Letterhead/envelopes	\$139.23
				\$0.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	1,198.73
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	1,198.73

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/14/22

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



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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: <input style="width: 90%;" type="text" value="6/15/2022 Check# 151"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Emily Mitchell"/>	
Committee Name: <input style="width: 95%;" type="text" value="Committee to Elect Emily Mitchell"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text" value="(425) 749-2211"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Apr 25, 2022	Lanyard Bar & Grill	429 Main Street, Harwich Port, MA 02646	Meet and Greet Catering	\$476.25
Apr 27, 2022	Cape Cod Chronicle	60C Munson Meeting Way, Chatham, MA 02633	Chronicle Ad	\$313.20
May 5, 2022	Poliengine	https://poliengine.com/	Monthly website cost	\$35.00
May 7, 2022	Canva	https://www.canva.com/	Postcard printing	\$170.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="994.45"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text" value="0"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="994.45"/>

Signed under the penalties of perjury:

Emily Mitchell
Signature of Candidate / Treasurer

Rashi

Date:

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



Form CPF R 1: Itemization of Reimbursements

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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: <input style="width: 90%;" type="text" value="6/15/2022 Check# 152"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Emily Mitchell"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Emily Mitchell"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 60%;" type="text" value="(425) 749-2211"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
May 10, 2022	US Post Office	Harwich	Postage (800 stamps)	\$320.00
May 10, 2022	400 East Restaurant	East Harwich MA 02645	Meet and Greet Catering	\$132.00
6/6/2022	Poliengine	https://poliengine.com/	Monthly website cost	\$35.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="487"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text" value="0"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="487"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

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