

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK HARWICH, MA

Fill in Re	porting Period dates: Beginning Date: June 1	7, 2022	Ending I	December 31,	2022	
	Report: (Check one)	7 20 1	0 1			
8th day	preceding preliminary 8th day preceding election [	30 day	after election	year-end report	dissolution	
Emily Mitch	nell	СОММІ	TEE TO ELECT E	MILY MITCHELL		
	Candidate Full Name (if applicable)	Committee Name				
Town Clerk	Office Sought and District	Rebecca Lewis  Name of Committee Treasurer				
11 Scribner	r Terrace, Harwich MA 02645	23 Vacation Lane, Harwich MA 02645				
	Residential Address			ommittee Mailing Address		
E-mail:	emitchell7543@gmail.com	E-mail:		rebeccie@comcast.ne	et	
Phone # (option	onal): (774) 209-1060	Phone # (	optional):	(425) 890-53	82	
Γ	SUMMARY BALANCI	E INFO	RMATION:			
	Line 1: Ending Balance from previous report			197.	33	
	Line 2: Total receipts this period (page 3, line 11)				0	
	Line 3: Subtotal (line 1 plus line 2)			197.	33	
·	Line 4: Total expenditures this period (page 5, line	: 14)			78	
	Line 5: Ending Balance (line 3 minus line 4)			119.	33	
	Line 6: Total in-kind contributions this period (page	ge 6)			0	
	Line 7: Total (all) outstanding liabilities (page 7)			2	10	
	Line 8: Name of bank(s) used: Cape Cod 5, Harwich	Port Bran	ıch			
Affidavit of C	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:						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)						
Candidate with Committee    Candidate with Committee   Candidate with Commi						
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 periury: Cardidate's signature)  Date:						

#### 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.)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
7					
ine 9: Total Rece	ipts over \$50 (or listed above)	0			
2. 10th 1000					
ine 10: Total Rece	sipts \$50 and under* (not listed above)	0			
and to. Total Rece	The first and and and another (not instead above)				
ine 11. TOTAL I	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2		
		. 0	← Enter on page 1, line 2		

<sup>\*</sup> 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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.)

eport all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1		1		
12/31/2022	Stripe Payment Platform	https:/www.stripe.com	Additional Web page transaction fees determined from Bank and Receipts records	14.91
12/31/2022	Correction of clerical error		Line 1 of June 16 2022 report was 2,193.8. It should have been 2130.71	63.09
		Line 12: Total Expenditures	over \$50 (or listed above)	78
			\$50 and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	78

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

## **SCHEDULE B: EXPENDITURES (continued)**

<b>n</b>	To Whom Paid		B 45			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
		Line 12: Expenditures over \$50	(or listed above)			
	Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD  If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized					

<sup>\*</sup> 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	s over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

<sup>\*</sup> 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.

Date Incurred	To Whom Due	Address	Purpose	Amount
7/6/2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Monthly website cost	35
8/6/2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Monthly website cost	35
9/6/2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Monthly website cost	35
10/6/2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Monthly website cost	35
11/6/2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Monthly website cost	35
12/6/2022	Emily Mitchell	11 Scribner Terrace, Harwich, MA 02645	Monthly website cost	35
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	210