Commonwealth of Massachusetts

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

DUE DATE:
MAY 29, 2020

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning JANUARY 1, 2020 (Month, Date, Year) Ending MAY 19, 2020 (Month, Date, Year)

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

BLAKE ROBERTSON
Full Name of Candidate (if applicable)

PLANNING BOARD
Office Sought and District

383 TREBLE COVE ROAD
Residential Address

BILLERICA, MA 01862
Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report $_____
Line 2: Total receipts this period (page 2, line 11) $_____
Line 3: Subtotal (line 1 plus line 2) $_____
Line 4: Total expenditures this period (page 3, line 14) $_____
Line 5: Ending balance (line 3 minus line 4) $_____

Line 6: Total in-kind contributions this period (page 4) $_____
Line 7: Total (all) outstanding liabilities (page 4) $_____
Line 8: Name of bank(s) used _____

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 (in ink) Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 signature (in ink) 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.

This page may be copied 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)
Line 9: Total receipts in excess of $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.

This page may be copied 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	
		Line 12: Expenditures over $50			
		Line 13: Expenditures $50 and under*			
Enter on page 1, line 4		**Line 14: TOTAL EXPENDITURES**			

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-kind over $50		
		Line 16: In-kind $50 and under		
Enter on page 1, line 6		**Line 17: Total In-kind**		

* 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: OUTSTANDING LIABILITIES (ALL)**		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

printed on recycled paper

Commonwealth of Massachusetts

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

RECEIVED 2020 JUN -3 PM 12:28 TOWN CLERK BILLERICA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: MAR 18, 20 Ending Date: MAY 19, 20

Type of Report: (Check one)

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

BLAKE ROBERTSON
Candidate Full Name (if applicable)

PLANNING BOARD
Office Sought and District

383 TREBLE COVE RD N BILLERICA 01862
Residential Address

E-mail:

Phone # (optional):

COMMITTEE TO ELECT BLAKE ROBERTSON
Committee Name

SUSAN ROBERTSON
Name of Committee Treasurer

383 TREBLE COVE RD
Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	200
Line 2: Total receipts this period (page 3, line 11)	968.74
Line 3: Subtotal (line 1 plus line 2)	1168.74
Line 4: Total expenditures this period (page 5, line 14)	968.74
Line 5: Ending Balance (line 3 minus line 4)	200.
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:	HANSCOM FEDERAL CREDIT UNION

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: _____

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: Blake Robertson (Candidate's signature) Date: 6-2-20

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)
MAY 19, 20	BLAKE ROBERTSON 363 TREBLE COVE RD	968.74	PROJECT MANAGER + COMPANY LEAD MGL TECHNOLOGIES, INC.

Line 9: Total Receipts over $50 (or listed above)	968.74	
Line 10: Total Receipts $50 and under* (not listed above)	—	
Line 11: TOTAL RECEIPTS IN THE PERIOD	968.74	← 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 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
MAY 19, 20	MASS GOP	100 WEST CUMMINGS PARK SUITE 5650 WOBURN, MA 01801	CANDIDATE MAILER TO 72000 RESIDENTS	968.74

Line 12: Total Expenditures over $50 (or listed above)	968.74
Line 13: Total Expenditures $50 and under* (not listed above)	—
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	968.74

* 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)

Date Paid	To Whom 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 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)	Ø
	Line 16: In-Kind Contributions $50 & under (not listed above)	Ø
Enter on page 1, line 6 →	**Line 17: TOTAL IN-KIND CONTRIBUTIONS**	Ø

* 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)** Ø

Commonwealth of Massachusetts

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

DUE DATE: MARCH 27, 2020

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month JANUARY Date 1, Year 2020 Ending Month MARCH Date 17, Year 2020

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

BLAKE ROBERTSON
Full Name of Candidate (if applicable)

PLANNING BOARD
Office Sought and District

383 TREBLE COVE ROAD
Residential Address

BILLERICA, 01862
Tel. No. (optional)

COMMITTEE TO ELECT BLAKE ROBERTSON
Committee Name

SUSAN ROBERTSON
Name of Committee Treasurer

383 TREBLE COVE RD
Committee Mailing Address

Tel. No. (optional)

RECEIVED 2020 MAR 30 PM 3:41 TOWN CLERK BILLERICA

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ Ø
Line 2: Total receipts this period (page 2, line 11)	$ 620 —
Line 3: Subtotal (line 1 plus line 2)	$ 620 —
Line 4: Total expenditures this period (page 3, line 14)	$ 420 —
Line 5: Ending balance (line 3 minus line 4)	$ 200 —
Line 6: Total in-kind contributions this period (page 4)	$ 30 —
Line 7: Total (all) outstanding liabilities (page 4)	$ Ø
Line 8: Name of bank(s) used HANSCOM FEDERAL CREDIT UNION	

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:

Susan J Robertson — 3/27/20
Treasurer's signature (in ink) — Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 signature (in ink) — 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.

This page may be copied 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)
3 FEB 20	BILLERICA REPUBLICAN TOWN COMMITTEE 31 SHELDON ST, BILLERICA MA	$200	—	
27 FEB 20	BLAKE ROBERTSON 383 TILBIE CREEK RD N BILLERICA MA	$420	—	PROJECT MANAGER, CONTRACTOR MCI TECHNOLOGIES INC
Line 9: Total receipts in excess of $50 (or listed above)		$620	00	
Line 10: Total receipts $50 and under* (not listed above)		—		
Line 11: TOTAL RECEIPTS IN THE PERIOD		$620	00	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.

This page may be copied 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	
27 FEB 20	AGE GRAPHICS CHEAPYARDSIGNSAGE.com	678 COLLINS RD LITTLE HOCKING, OH 45742	200 YARD SIGNS	$420	—

Line 12: Expenditures over $50	$420	—
Line 13: Expenditures $50 and under*	—	
Line 14: TOTAL EXPENDITURES	$420	—

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-kind over $50		
		Line 16: In-kind $50 and under		$30 —
Enter on page 1, line 6		**Line 17: Total In-kind**		$30 —

* 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: OUTSTANDING LIABILITIES (ALL)**		NONE - Ø

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

printed on recycled paper

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
2020 JUN -2 AM 7:46
TOWN CLERK
TYNGSBOROUGH

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: _____

Type of Report: (Check one)

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

Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
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:	

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: _____

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: _____ (Candidate's signature) Date: _____