

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| of Massachusetts | File with: City or Town Clerk or Election Commission |
|--|---|
| Fill in Reporting Period dates: Beginning Date: April 1 | 18, 2024 Ending Date: May 7, 2024 |
| Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election | 2 30 day after election ☐ year-end report ☐ dissolution |
| Candidate Full Name (if applicable) Town Clerk Office Sought and District 388 Hayward Street, Bridgewater Residential Address E-mail: wdw388@gmail.com | Committee to Elect Bill Wood Committee Name Scott Rubin Name of Committee Treasurer 388 Hayward Street, Bridgewater Committee Mailing Address E-mail: srube32@gmail.com |
| Phone #: 508-577-3001 | Phone #: 508-631-7106 |
| STIMMADY DATANCE | INTEGORMATION. |
| Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, li Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8, Line 9: Name of bank(s) used: | \$1213.33 \$0 \$1213.33 \$1213.33 \$0 \$0 \$1213.33 |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co finance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of the penalties of perjury: | intributions and liabilities for this reporting period and represents the campaign |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accommunity including any expenditures on my behalf during this reporting persons acting that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this signed under the penalties of periory: | pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report. Dest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

| n additional pages as needed to report all receipts. Please include the candidate or committee not | | | Occupation & Employer (for contributions of \$200 or more) |
|--|--|--|--|
| Date Received | (aphabetea listing requires) | | |
| | | Y | |
| | | | |
| THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| BOTO STREET OF STREET | | The second secon | Section 2014 Control of the Control |
| | | | |
| | | | |
| | | | |
| | | | |
| STATES CAN EXCENSION CONTRACTOR OF THE STATE | | The state of the s | Security and the second of the |
| | | | |
| | | | |
| The state of the s | | | |
| | | | a constant of the constant of |
| | | | |
| CONTRACTOR OF THE PROPERTY OF | | | The second secon |
| | | | en qui da |
| | protection and the state of the | The second section of the section of th | |
| | | | NAME OF THE PARTY |
| | | | |
| | | Production was an analysis of many representation of the state of the | |
| | | | Labaranean |
| | | | |
| | | | |
| | | | |
| The state of the s | Construction of the Constr | The property of the property o | |
| | | L. L | A. A |
| | | | |
| | | 1 | |
| | | | |
| | | 1 | 4 22 20 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---|--|--|--|
| | | Control of the contro | |
| | | | |
| | | | |
| | | Mary programme and the state of | |
| AND | | | |
| | | | |
| | | | |
| | | | |
| | The control of the co | | |
| | | | |
| | | | |
| | | | |
| | | | The state of the s |
| | | | |
| Line 10: Total Reco | eipts over \$50 (or listed above) | \$0 | * If you have itemized receipts of \$50 and under, include them in line 10. Line 11 |
| Line 11: Total Rec | eipts \$50 and under (not listed above) | \$0 | should include only those receipts not itemized above. |
| Line 12: TOTAL | RECEIPTS IN THE PERIOD | \$0 | ← Enter on page 1, line 2 |

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|--|-----------------------------------|--|
| 5/7/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Campaign Expense Reimbursement | \$1213.33 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Prince to the second se | | The state of the s |
| | | | | |
| COLUMN CO | | | | |
| | | | | |
| province years a real health of the BLACK COMMON CO | | Manage and the latter of the l | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|--|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| DOMESTIC CONTROL CONTR | | parameters are reduced as a first own parameters of the first bar individual and the first bar individu | Polyadia di | |
| | | | | |
| | | | | |
| | | | | |
| | | The state of the s | | |
| | | | | |
| | | | | |
| | The state of the s | | | |
| Control of the Contro | | | | Company of the Comp |
| | | | | |
| * If you have itemized expenditures of \$50 Line 13: Expenditures over \$50 (or listed above) | | (or listed above) | \$1213.33 | |
| and under, include them in line 13. Line 14 should include only those expenditures not itemized above. Line 14: Expenditures \$50 and under (not listed above) | | | | |
| Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD | | | \$1213.33 | |

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

| ate Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|--|---|--|--|--|
| | | | CONTRACTOR AND | terifiyinin filotoolii ahaa kan ka |
| 1 | : | | | |
| | | | | |
| | | | | |
| | | | ### Company of the Co | Company of the compan |
| - Indiana de la companya de la compa | | | | |
| | | | | |
| | | | | |
| | | | ESTABLE STATE OF THE STATE OF T | |
| | | | | |
| | | Control of the Contro | Anglian barner de al la grande de grande de la constante de la | |
| | | | | THE RESERVE OF THE PARTY OF THE |
| # 1 | | | | |
| | | And the state of t | Market Market and Control of the Con | Emperimental American Children Children |
| The second secon | | | | |
| | | | purchase de agrange de de la constante de agrange de la constante del la constante de la const | |
| | | | | |
| M. vydio ku veleci Kawai SIADAH wasaninga andara andara a | | Description of the second of t | | PARTY NAME OF THE PARTY OF THE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | er behalt Die geberg behalt des Schrift des States de States | | | |
| | | | | |
| and the state of t | | | | |
| | | | | |
| * If you have i | temized in-kind contributions of | Line 16: In-Kind Contributions over | er \$50 (or listed above) | |
| งวบ ana unaer, should includ | include them in line 16. Line 17 de only those expenditures not itemized above. | Line 17: In-Kind Contributions \$5 | and under (not listed above) | |
| years. | | | 0 | |

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|--|--|---|---------------------------------|-----------|
| 3/7/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Paid for Pizza | \$87.50 |
| 3/7/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Paid for Pizza | \$100.58 |
| 3/27/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Paid for Printing | \$302.81 |
| 4/16/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Paid for Wood for signs | \$65.28 |
| 3/28/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Paid for Envelopes | \$55.23 |
| 3/29/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Paid for Stamps | \$340.00 |
| 4/1/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Paid for Stamps | \$136.00 |
| 4/27/2024 | William Wood | 388 Hayward Street Bridgewater, MA 02324 | Paid for committee meeting food | \$125.93 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| The state of the s | The state of the s | | | |
| | | | | |
| Laurente de la companya de la compan | Enter on page 1, line 7 | 7 → Line 19: TOTAL OUTSTAN | DING LIABILITIES (ALL) | \$1213.33 |

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

| Date Paid | Name and Address of Vendor (alphabetical listing required) | Amount | Purpose of Expenditure |
|--|--|-------------|--|
| 3/7/2024 | Barrett's Alehouse 425 Bedford Street Bridgewater. MA 02324 | \$87.50 | Addition Pizza - Campaign Event |
| 3/7/2024 | Barrett's Alehouse 425 Bedford Street Bridgewater, MA 02324 | \$100.58 | Addition Pizza - Campaign Event |
| 3/27/2024 | Bridgewater Print 100 Broad Street Bridgewater. MA 02324 | \$302.81 | Letters and Labels |
| 4/16/2024 | Home Depot Bridgewater, MA 02324 | \$65.28 | Wood for Standout signs |
| 3/28/2024 | Staples 600 South Street West Raynham, MA 02767 | \$55.23 | Envelopes |
| 3/29/2024 | USPS 169 Broad Street Bridgewater, MA 02324 | \$340.00 | Stamps |
| 4/1/2024 | USPS 169 Broad Street Bridgewater, MA 02324 | \$136.00 | Stamps |
| 4/27/2024 | Emma's Pub&Pizza Downtown 128 Broad Street Bridgewater, MA 02324 | \$125.93 | Food for committee meeting |
| | | | |
| | | | |
| | | | |
| | | | |
| Line 20: Total Item (or listed above) | ized Out-Of-Pocket Expenditures Over \$50 | \$1213.33 | * If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 |
| ``````````````````` | temized Out-Of-Pocket Expenditures \$50 and love) | 0 | should include only those expenditures not itemized above. |
| Line 22: TOTAL OU | T-OF-POCKET EXPENDITURES IN THE PERIO | » \$1213.33 | ← Enter on page 1, line 8 |



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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: May 7, 2024 | | | | | |
|--|--|---|--------------------------------------|----------|--|
| Name of Individual Being Reimbursed: William Wood | | | | | |
| Committee Nam | Committee Name: Committee to Elect Bill Wood | | | | |
| CPF ID Number | (if applicable): | Telephone N | Number (optional): | | |
| | ITEMI | ZE EXPENDITURES IN EXCESS | S OF \$50 | | |
| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount | |
| 3/7/2024 | Barrett's Alehouse | 425 Bedford Street Bridgewater, MA 02324 | Additional Pizza - Campaign Event | \$87.50 | |
| 3/7/2024 | Barrett's Alehouse | 425 Bedford Street Bridgewater, MA 02324 | Addition Pizza - Campaign Event | \$100.58 | |
| 3/27/2024 | Bridgewater Print | 100 Broad Street Bridgewater, MA 02324 | Letters and Labels | \$302.81 | |
| 4/16/2024 | Home Depot | Bridgewater, MA | Wood for Standout signs | \$65.28 | |
| 3/28/2024 | Staples | 600 South Street West Raynham, MA 02767 | Envelopes | \$55.23 | |
| | (Include items listed on Page 2) | Line 1: Expenditures in excess of | \$50 (itemized above): | 1,213.33 | |
| | Line 2: Expenditures \$50 or under (not itemized): | | | | |
| Line 3: TOTAL AMOUNT REIMBURSED: 1,213.33 | | | | | |
| Signed under the penalties of perjury: Date: 5/1/24 | | | | | |

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|--|---|----------------------------|----------|
| 3/29/2024 | USPS | 169 Broad Street Bridgewater, MA 02324 | Stamps | \$340.00 |
| 4/1/2024 | USPS | 169 Broad Street Bridgewater, MA 02324 | Stamps | \$136.00 |
| 4/27/2024 | Emma's Pub&Pizza Downtown | 128 Broad Street Bridgewater, MA 02324 | Food for committee meeting | \$125.93 |
| | The state of the s | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Berling - September - Manual Control of the Control | | | |
| | | | | \$ |
| | | Page 2 Total (add to Line 1 on Pag | ge 1): | \$601.93 |