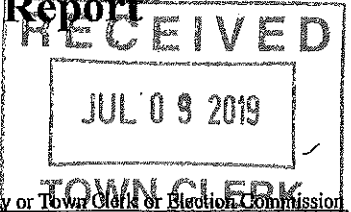




Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/30/19 Ending Date: 7/1/19

Type of Report: (Check one)

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

David Abramson
Candidate Full Name (if applicable)

Provincetown Select Board
Office Sought and District

11 Bradford Acres W2, Provincetown
Residential Address

E-mail: Dave - Abramson@hotmail.com

Phone # (optional): _____

Committee To Elect David Abramson
Committee Name

Robert Tosco
Name of Committee Treasurer

1 Creek Hill Rd, Provincetown, MA
Committee Mailing Address

E-mail: Ptownreguy@aol.com

Phone # (optional): 508-237-2936

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	\$ 2500.00
Line 3: Subtotal (line 1 plus line 2)	\$ 2500.00
Line 4: Total expenditures this period (page 5, line 14)	\$ 655.31
Line 5: Ending Balance (line 3 minus line 4)	\$ 1844.69
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$ 607.56
Line 8: Name of bank(s) used:	<u>Seavern's Bank Provincetown</u>

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: 7/8/19

FOR CANDIDATE FILINGS ONLY: 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'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.)

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 A: RECEIPTS**Committee to Elect David Abramson**

Last Name	First Name	Address	Town	State	Zip	Amount	Date	Employer
Abramson	David	11 Bradford Acres	Provincetown	MA	026757	\$100	04/30/19	
Barry	Norman	37 Alden St	Provincetown	MA	026757	\$100	05/06/19	NA
Bolduc	Joe	130 W 17th St. #4N	New York	NY	10011	\$50	05/11/19	NA
DeMartino	Joseph	68 Franklin St	Provincetown	MA	026757	\$100	05/19/19	NA
Depoalo	Victor	168 Bradford St Ext	Provincetown	MA	026757	\$250	05/06/19	Self Employed
Dewhurst	Tyler	65 Maple Drive	Twin mountain	NH	03595	\$100	05/16/19	NA
Gettings	Mike	100 Bayberry Ave #5	Provincetown	MA	026757	\$100	05/14/19	NA
Gillis	Edward	PO Box 1284	Key West	FL	33041	\$50	05/05/19	NA
Jorgensen	Andrew	4 Maple Court	Provincetown	MA	026757	\$50	05/06/19	NA
Kucinskis	Cathleen	3116 Hebron Avenue	Glastonbury	CT	06033	\$50	05/21/19	NA
Lizotte	Kelly	2245 NE 9th Avenue	Wilton Manors	FL	33306	\$200	05/03/19	Rhyme Mortgage
McBride	Rob	3 Creek Hill Road	Provincetown	MA	026757	\$500	05/17/19	FMC Ice sports
McBrien	Peter	707 Weed Road	Torrington	CT	06790	\$100	05/18/19	NA
Miller	Michael	52 Creek Road #5	Provincetown	MA	026757	\$50	05/06/19	NA
Murray	Rick	63 Commercial	Provincetown	MA	026757	\$100	05/16/19	NA
Quesnell	Brandon	8 Dyer Street	Provincetown	MA	026757	\$100	05/12/19	NA
Reed	John	8 Heathers Way	Provincetown	MA	026757	\$50	05/03/19	NA
Sanborn	Robert	3 Atlantic Avenue	Provincetown	MA	026757	\$50	05/07/19	NA
Schwocho	Jared	27 Court St	Provincetown	MA	026757	\$100	05/06/19	NA
Taratuta	Alex	21 Father Francis Gilday Boston	Boston	MA	02118	\$100	05/17/19	NA
Tosner	Rob	1 Creek Hill Road	Provincetown	MA	026757	\$100	04/30/19	NA
Vargas	Jose	65 maple drive	Twin Mountain	NH	03595	\$50	05/17/19	NA
Vosburg	John	8 Heathers Way	Provincetown	MA	026757	\$50	05/06/19	NA
						\$2,500		

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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
5/15/19	Act Blue		Processing Fee	\$ 1.98
5/16/19	Act Blue		Processing Fee	\$ 27.67
5/24/19	Act Blue		Processing Fee	\$ 41.48
6/10/19	Community News		Ad	\$ 562.00
5/17/19	Deluxe Printing		Checks	\$ 14.18
6/30/19	Seaman's Bank		Bank Fee	\$ 8.00
Line 12: Total Expenditures over \$50 (or listed above)				\$ 655.31
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 655.31

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 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)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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 6 on page 1.

Date Received	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 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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
5/16/19	Build A Sign		Yard Signs	\$ 507.56
4/30/19	David Abrams	11 Bradford Av	Loan	\$ 100.00

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** \$ 607.56

