



Commonwealth of Massachusetts

Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-2-19 Ending Date: 5-13-19 14 A 0:20

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

Charles William Pearce
Candidate Full Name (if applicable)
Select Board
Office Sought and District
7 Linden St. Ipswich, MA 01938
Residential Address
E-mail: charleswpearce@gmail.com
Phone # (optional): _____

Pearce For Ipswich
Committee Name
Greer Pearce
Name of Committee Treasurer
7 Linden St. Ipswich, MA 01938
Committee Mailing Address
E-mail: charleswpearce@gmail.com
Phone # (optional): _____

| | |
|--|-----------------|
| Line 1: Ending Balance from previous report | 0 |
| Line 2: Total receipts this period (page 3, line 11) | \$2,600 |
| Line 3: Subtotal (line 1 plus line 2) | \$2,600 |
| Line 4: Total expenditures this period (page 5, line 14) | \$1223.97 |
| Line 5: Ending Balance (line 3 minus line 4) | \$1,376.03 |
| Line 6: Total in-kind contributions this period (page 6) | \$68.21 |
| Line 7: Total (all) outstanding liabilities (page 7) | |
| Line 8: Name of bank(s) used: | Bank of America |

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: 5-13-19

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.
Date: 5-13-19

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) |
|--|--|----------|---|
| 3/15 | Charles William Pearce 7 Linden St., Ipswich MA 01938 | \$160 | |
| 4/10/19 | Scott Thompson 21 Farley Ave. Ipswich, MA, 01938 | \$25 | |
| 4/18/19 | Nathalie Maio 363 Vance Ave, FRANKLIN LAKES, NJ, 07417 | \$1,000 | Retired |
| 4/19/19 | Pamela Pearce 26771 Alicante Dr., Ipswich, MA 01938 | \$100 | |
| 4/19/19 | Robert Pearce 1616 Rockcreek Dr. APT. 401, ORANGE, CA, 92866 | \$25 | |
| 4/19/19 | William Hiltz P.O. Box 40532, PORTLAND, OR, 97240 | \$100 | |
| 4/20/19 | Greer Pearce 7 Linden St., Ipswich, MA 01938 | \$100 | |
| 4/21/19 | Linda Pearce 660 South Glassell Street, 55 Orange, CA, 92866 | \$10 | |
| 4/22/19 | Steve Hollister PO Box 3527, Nantucket, MA, 02584 | \$50.00 | |
| 4/22/19 | Philip Grenier 2 Putnam Rd. Ipswich, MA 1039 | \$50.00 | |
| 4/25/19 | Daniel Jackson 6260 Del Monte Dr, Houston, TX, 77057 | \$100.00 | |
| 5/8/19 | Lucy Parry 96 Bergen St, Brooklyn, NY 11217 | \$100.00 | |
| Line 9: Total Receipts over \$50 (or listed above) | | \$1,820 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | \$2,600 | ← 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.

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|---------|---|
| 5-9-19 | Lucie Van der Veer 600 Poplar Ct, Pittsburgh, PA 15238 | \$25.00 | |
| 5-9-19 | Margaret Taylor PO Box 1334, Boca Grande, FL, 33921 | \$200 | Retired |
| 5-11-19 | Jeremy Dodge 1901 Lews Ct., Lakewood, CO 80215 | \$10 | |
| 5-11-19 | Zachariah Allen 6202 Northeast 35th Place, Portland, OR 97211 | \$100 | |
| 5-11-19 | Joshua Pearce 777 North Hart St., Orage, CA 92867 | \$50 | |
| 5-12-19 | Christopher Bugoyne 4000 Tunlaw Rd., NW 919, Washington DC, 20007 | \$25 | |
| 5-12-19 | Benjamin Demarzo 1221 South Eads St., Arlington, VA 22202 | \$100 | |
| 5-12-19 | Margaret Schott 1901 Lewis Ct., Lakewood, CO 80215 | \$25 | |
| 5-12-19 | Charles Doran 12 Argilla Rd., Ipswich, MA 01938 | \$5 | |
| 5-12-19 | Orlando Jones 221 McDonald Avenue, Apt 2D, Brooklyn, NY 11218 | \$10 | |
| 5-13-19 | Nicholas Taylor 27 Maverick Sq #4, Boston, MA 02128 | \$200 | Digital Media Strategist/Atlantic British |
| 5-13-19 | Scott Bauman 23 Turkey Shore Rd., Ipswich, MA 01938 | \$5 | |
| 5-13-19 | David Quinn 15 South Village Green., Ipswich, MA 01938 | \$25 | |
| Line 9: Total Receipts over \$50 (or listed above) | | \$780 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | \$2,600 | ← 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.



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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|--------------------|--|----------------------------------|----------|
| 4-4-19 | Staples | 1 Washington Mall, Boston, MA 02108 | External HardDrive | \$69.05 |
| 4/18/19 | Google AdWords | 1600 Amphitheatre Parkway Mountain View, CA 94043. | Search Ads | \$65.48 |
| 4/30/19 | Facebook | 1 Hacker Way, Menlo Park, California 94025 | Facebook Ads | \$667.11 |
| 4-22-19 | Print Logic Inc. | 135 Western Ave., Essex, MA01929 | 135 Western Ave., Essex, MA01929 | \$373.45 |
| 5/1/19 | <i>SquareSpace</i> | <i>5/1/19 8 clarkson st., NY, NY 10014</i> | Website | \$48.88 |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: **TOTAL AMOUNT REIMBURSED:**

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date:

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