



**Form CPF M 102A: Amendment to Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance**

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

**Report Being Amended:** Year: 2018 Reporting Period: Beginning Date: 3-30-18 Ending Date: 4-30-18

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

Brian Dick  
Candidate Full Name (if applicable)

Selectmen  
Residential Address

31 Bopete Lane Tewksbury  
Office Sought and District

E-mail: brandick@verizon.net

Phone # (optional): \_\_\_\_\_

Committee to Elect Brian Dick  
Committee Name

Christopher Dick  
Name of Committee Treasurer

31 Bopete Lane Tewksbury  
Committee Mailing Address

E-mail: chrisdick@trinityems.com

Phone # (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>1723.44</u>
Line 2: Total receipts this period	<u>Ø</u>
Line 3: Subtotal	<u>1723.44</u>
Line 4: Total expenditures this period	<u>1132.98</u>
Line 5: Ending Balance	<u>590.46</u>
Line 6: Total in-kind contributions this period	<u>Ø</u>
Line 7: Total (all) outstanding liabilities	<u>Ø</u>
Line 8: Name of bank(s) used:	<u>Enterprise Bank and TRUST</u>

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

CLERK  
 BOARD OF REGISTRARS  
 TEWKSBURY, MA  
 18 MAY -7 PM 12:13

Signed under the penalties of perjury:  
  
 (Candidate's signature)

Date: 5/7/18

Signed under the penalties of perjury:  
  
 (Treasurer's signature)

Date: 5/7/18



Commonwealth of Massachusetts

# 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

18 MAY - 7 PM 12:13  
JOHN ALENK  
CLERK  
BOARD OF REGISTRATION  
TEWKSBURY, MA

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: 4/7/18

Name of Individual Being Reimbursed: Brian Dick

Committee Name: Committee to Elect Brian Dick

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/7/18	Wamesit Lanes	434 Main St. Tewksbury, MA 01876	Deposit Food Election day Event	232.48
4/7/18	Wamesit Lanes	434 Main St Tewksbury, MA 01876	Final bill Election day Event	900.50

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 1132.98

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

Line 3: TOTAL AMOUNT REIMBURSED: 1132.98

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5/7/18

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