



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: Mar 21, 2018 Ending Date: Apr 27, 2018

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

Eric Ryder  
Candidate Full Name (if applicable)  
Planning Board - Town of Tewksbury Massachusetts  
Office Sought and District  
578 North Street, Tewksbury, MA 01876  
Residential Address  
E-mail: ericryder@hotmail.com  
Phone # (optional): \_\_\_\_\_

Committee to Elect Eric Ryder  
Committee Name  
Heather Bresette  
Name of Committee Treasurer  
39 Heather Row, Tewksbury, MA 01876  
Committee Mailing Address  
E-mail: hbre329@gmail.com  
Phone # (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	299.27
Line 2: Total receipts this period (page 3, line 11)	50
Line 3: Subtotal (line 1 plus line 2)	349.27
Line 4: Total expenditures this period (page 5, line 14)	149.06
Line 5: Ending Balance (line 3 minus line 4)	200.21
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:	<u>Lowell Five</u>

TOWN CLERK  
BOARD OF REGISTRARS  
TEWKSBURY, MA  
MAY 7 AM 11:55

**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: Heather Bresette (Treasurer's signature) Date: 5/6/18

**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: [Signature] (Candidate's signature) Date: 5/6/18











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 AM 11:59  
OFFICE OF CAMPAIGN AND POLITICAL FINANCE  
RECEIVED

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):

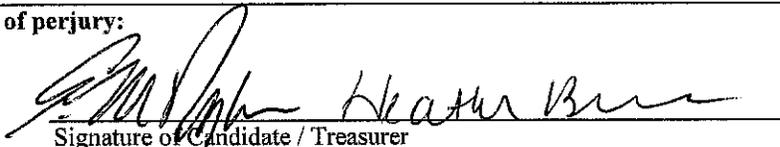
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Apr 25, 2018	Kyoto	1487 Main Street Tewksbury, MA 01876	Election night dinner for supporters.	\$149.06

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	149.06
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>149.06</b>

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date:

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