



# 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  
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FAIRHAVEN,  
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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: <input style="width: 90%;" type="text" value="3/13/2022"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Jodi Duval"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Heidi Hacking to Fairhaven Board of Health"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/13/2022	Bj's Wholesale Club	460 State Road North Dartmouth, MA 02747	Beverages for Campaign Fundraiser	65.20
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 80%;" type="text" value="65.20"/>
			Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 80%;" type="text"/>
			<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<input style="width: 80%;" type="text" value="65.20"/>

Signed under the penalties of perjury:

\_\_\_\_\_  
Signature of Candidate / Treasurer

Date:

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