



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

BOARD OF  
ELECTION  
COMMISSIONERS

14 FEB 18 AM 9:10

REVERE, MA

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: 1/9/2014

Name of Individual Being Reimbursed: Tim Bogertman

Committee Name: Don't Gamble on Revere

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/7/2014	Revere City Hall, Elections Department	281 Broadway, Revere MA 02151	Voter History Files for Past 6 Elections	

(Include items listed on Page 2) →

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

120

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

0

Line 3: TOTAL AMOUNT REIMBURSED:

120

Signed under the penalties of perjury:

*Peter Stantz*  
Signature of Candidate / Treasurer

Date: 2/16/2014

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