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

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): 

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/7/2014</td>
<td>Revere City Hall, Elections</td>
<td>281 Broadway, Revere MA</td>
<td>Voter History Files for Past 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Department</td>
<td>02151</td>
<td>Elections</td>
<td></td>
</tr>
</tbody>
</table>

(Line 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:

Signature of Candidate / Treasurer

Date: 2/16/2014

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