



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
(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:	<input style="width: 90%;" type="text"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text"/>	
Committee Name:	<input style="width: 95%;" type="text"/>	
CPF ID Number (if applicable):	<input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 95%;" type="text"/>

Signed under the penalties of perjury:	
<p>_____</p> <p>Signature of Candidate / Treasurer</p>	<p>Date: <input style="width: 90%;" type="text"/></p>

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Page 2 Total (add to Line 1 on Page 1):				