

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: December 23, 2019

Name of Individual Being Reimbursed: Katie Lazdowski

Committee Name: Katie Lazdowski for Amherst School Committee

CPF ID Number (if applicable): Telephone Number (optional): 617-309-6059

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/20/2019	Just Yard Signs	4880 A1 Distribution Ct. Orlando, FL 32822	200 Lawn Signs	450.00
10/1/2019	Collective Copies	71 S. Pleasant St. Amherst, MA 01002	1,000 Black & White Trifolds	122.19

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<u>572.19</u>
	Line 2: Expenditures \$50 or under (not itemized):	<u>82.63</u>
	Line 3: TOTAL AMOUNT REIMBURSED:	<u>625.00</u>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 12/23/2019