



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/22 Ending Date: 4/26/22

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Jonathan Henry Selig
Candidate Full Name (if applicable)
Selectman - Town of Halifax
Office Sought and District
86 Stoney Weir Rd Halifax, MA 02338
Residential Address
 E-mail: wbcommish@yahoo.com
 Phone # (optional): 617-678-8964

Committee Name _____
 Name of Committee Treasurer _____
 Committee Mailing Address _____
 E-mail: _____
 Phone # (optional): _____

RECEIVED
 MAY 11 11 21 AM '22
 HALIFAX TOWN CLERK

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 3, line 11)	\$ <u>1,780.82</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1,780.82</u>
Line 4: Total expenditures this period (page 5, line 14)	\$ <u>1,780.82</u>
Line 5: Ending Balance (line 3 minus line 4)	\$ <u>0</u>
Line 6: Total in-kind contributions this period (page 6)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	\$ <u>0</u>
Line 8: Name of bank(s) used:	_____

Affidavit of Committee Treasurer:
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: _____

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Jonathan Selig (Candidate's signature) Date: 5/5/22

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/7/22	JONATHAN SELIG 86 STONEY WEIR RD, HALIFAX, MA 02338	\$ 606.48	STAY AT HOME DAD
4/20/22	JONATHAN SELIG 86 STONEY WEIR RD, HALIFAX, MA 02338	\$ 366.56	STAY AT HOME DAD
4/27/22	JONATHAN SELIG 86 STONEY WEIR RD, HALIFAX, MA 02338	\$ 487.12	STAY AT HOME DAD
4/28/22	JONATHAN SELIG 02338 86 STONEY WEIR RD, HALIFAX, MA	\$ 52.91	STAY AT HOME DAD
4/7/22	JONATHAN SELIG 02338 86 STONEY WEIR RD, HALIFAX, MA	\$ 267.75	STAY AT HOME DAD

Line 9: Total Receipts over \$50 (or listed above)	\$ 513.07	\$ 1,780.82
Line 10: Total Receipts \$50 and under* (not listed above)	\$ 0	\$ 1,780.82
Line 11: TOTAL RECEIPTS IN THE PERIOD	\$ 513.07	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Line 9: Total Receipts over \$50 (or listed above)	
Line 10: Total Receipts \$50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/28/22	HANSON NORTHEAST BUILDING SUPPLY	91 FRANKLIN ST HANSON, MA 02341	WOOD STRAPPING FOR SIGN POSTS	\$ 52.91
4/7/22	HARDING PRINTING	PO BOX 293 WHITMAN, MA 02382	LAWN SIGNS \$ HANDOUTS	\$ 606.48
4/20/22	HARDING PRINTING	PO BOX 293 WHITMAN, MA 02382	ADDITIONAL LAWN SIGNS	\$ 366.56
4/27/22	RUSH ORDER TEES	2727 COMMERCE WAY PHILADELPHIA, PA 19154	T-SHIRTS	\$ 487.12
4/7/22	HARDING PRINTING	PO BOX 293 WHITMAN, MA 02382	FLYER HANDOUTS	\$ 267.75
Line 12: Total Expenditures over \$50 (or listed above) \$1,780. ⁸²				\$1513.07
Line 13: Total Expenditures \$50 and under* (not listed above)				\$0
Line 14: TOTAL EXPENDITURES IN THE PERIOD \$1,780. ⁸²				\$1513.07

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
---	--

Line 13: Expenditures \$50 and under* (not listed above)	
--	--

Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD	
---------------------------	--	--

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Hanson
 Northeast Building Supply
 91 Franklin St
 Hanson MA 02341
 781-294-0400

CUSTOMER COPY



INVOICE

2204-034508 PAGE 1 OF 1

SOLD TO	JOB ADDRESS
CASH CONTRACTOR	SELIG/JONATHAN

ACCOUNT	JOB
CASH CONTR	0
SOLD ON	4/28/2022 1:40:00 PM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	
STATION	QB
CASHIER	PJC
SALESPERSON	
ORDER ENTRY	

RETURN POLICY
 NO RETURNS AFTER 30 DAYS
 NO RETURNS ON SPECIAL ORDERS

Quantity	UM	Item	Description	D	T	Price	Per	Amount
10	EACH	1316KD	1X3X16' KD STRAPPING		Y	4.9800	PC	49.80

PAID

AL: VISA CREDIT
 SALE: 52.91
 Entry Mode: CHIP
 AID: A0000000031010

Payment Method(s)

Visa 52.91 #####4688 06688D

SubTotal	49.80
MA 6.25% Sales Tax	3.11
Deposit	
Please Pay This Amount	52.91

"We Offer Solutions"
 Engineering, I-Joist, Power Beams, Trusses, Lumber, Millwork, Stairs,
 Mouldings, Interior & Exterior Doors, Windows, Siding, Roofing, PVC
 Decking, PVC Railing, Cabinets, Counter Tops, T&G Sheathing, Lagging

1513.07
 267.75
 1780.82

Signature _____

Harry B. Harding & Son, Inc.

P.O. Box 293
Whitman, MA 02382

Invoice

DATE	INVOICE #
4/8/2022	63558

BILL TO
Coleen Burgess 284 Elm Street Halifax, MA 02338

SHIP TO
Coleen Burgess 284 Elm Street Halifax, MA 02338

P.O. NO.	TERMS	REP	SHIP DATE	SHIP VIA
	Net 30	HBH	4/8/2022	Pick UP W...

DESCRIPTION	QTY	AMOUNT
"Selig for Selectman" H	300	252.00T
Sales Tax		15.75

HARRY B HARDING AND
15 COLEBROOK BLVD
WHITMAN, MA. 02382
781-447-3941

Sale

XXXXXXXXXXXX4688
VISA

Entry Method: Chip

Harry B
P.O. Box 2
Whitman,

Total: \$ 874.23

04/07/22 11:25:28

Inv #: 000000002 Appr Code: 058660

Appr'd: Online

CHASE VISA
AID: A0000000031010
TVR: 00 00 00 00 00
TSI: E8 00

Customer Copy
THANK YOU!

Invoice

DATE	INVOICE #
4/4/2022	63526

BILL TO
Coleen Burgess 284 Elm Street Halifax, MA 02338

SHIP TO
Coleen Burgess 284 Elm Street Halifax, MA 02338

P.O. NO.	TERMS	REP	SHIP DATE	SHIP VIA
	Net 30	HBH		Pick UP W...

DESCRIPTION	QTY	AMOUNT
2 Sided Lawn Signs & Stakes - Jonathan Selig	100	570.80T
Sales Tax		35.68

Harry B. Harding & Son, Inc.

P.O. Box 293
Whitman, MA 02382

Invoice

DATE	INVOICE #
4/20/2022	63584

BILL TO
Coleen Burgess 284 Elm Street Halifax, MA 02338

SHIP TO
Jonathan Selig 617.678.8964

P.O. NO.	TERMS	REP	SHIP DATE	SHIP VIA
	Net 30	HBH	4/20/2022	Pick UP W...

DESCRIPTION	QTY	AMOUNT
25 - 2 sided w/stakes; 30 - 1 sided w/out stakes LAWN SIGNS	55	345.00T
Sales Tax		21.56
<p>HARRY B HARDING AND 15 COLEBROOK BLVD WHITMAN, MA. 02382 781-447-3941</p> <p>Sale</p> <p>xxxxxxxxxxxx4688 VISA Entry Method: Chip</p> <p>Total: \$ 366.56</p> <p>04/20/22 14:50:55 Inv #: 000000003 APPR Code: 016680 Apprvd: Online</p> <p>CHASE VISA AID: A0000000031010 TVR: 00 80 00 80 00 TSI: E8 00</p> <p>Customer Copy THANK YOU!</p>		
Total		\$366.56
Payments/Credits		\$0.00
Balance Due		\$366.56

PLEASE REMIT PAYMENT TO:
P.O. Box 293
Whitman, MA 02382
(781)447-3941 phone
(781)447-1671 fax

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$ 0