



Commonwealth of Massachusetts

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

GREENFIELD, MASS

2021 OCT 21 PM 12: 20

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

CITY CLERK

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: 10/15/21

Name of Individual Being Reimbursed: Evelyn Wulfkuhle

Committee Name: Yes For Greenfield

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/8/21	Locust Press	736 Greenfield Road Deerfield, MA 01342	Lawn signs and printing	\$1,078.44

(Include items listed on Page 2) →

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

1,078.44

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

Line 3: TOTAL AMOUNT REIMBURSED:

1,078.44

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/20/21

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):				