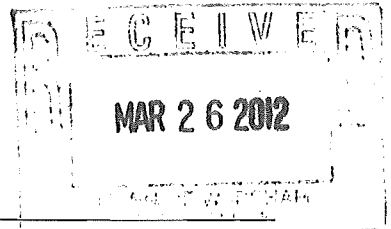




Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 03 Date 26 Year 12 Ending Month 03 Date 26 Year 12

Type of report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Amit Johar

Full Name of Candidate (if applicable)

Office Sought and District

3150 Cranberry Hwy

Residential Address

Wareham Ma 02571

Tel. No. (optional)

Committee of Amit Johar

Committee Name

Monika Johar

Name of Committee Treasurer

3150 Cranberry Hwy, Wareham, Ma 02571

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0

Line 2: Total receipts this period (page 2, line 11) \$ 3722.00

Line 3: Subtotal (line 1 plus line 2) \$ 0

Line 4: Total expenditures this period (page 3, line 14) \$ 3164.24

Line 5: Ending balance (line 3 minus line 4) \$ 557.76

Line 6: Total in-kind contributions this period (page 4) \$ 200.00

Line 7: Total (all) outstanding liabilities (page 4) \$ 0

Line 8: Name of bank(s) used Sovereign Bank

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:

[Signature]
Treasurer's signature (in ink)

3/26/12
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the 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.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]
Candidate signature (in ink)

3/26/12
Date

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.

This page may be copied 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) |
|--|---|--------|----|---|
| 3/9 | Amrit Johar 3150 Cranberry Hwy, Wareham Ma | 1000 | 00 | |
| 3/11 | Rosewood Hospitality Inc 3115 Cranberry Hwy, East Wareham Ma | 101 | 00 | |
| 3/12 | Vinayak Liquors Inc P.O. Box 328 West Wareham, Ma | 101 | 00 | |
| 3/14 | Onset Village Market P.O. Box 1030 Onset, Ma | 200 | 00 | Business owner |
| 3/15 | Larry M Gaines 13 Pheasant Ave Wareham Ma | 400 | 00 | |
| 3/15 | Peter Pawelek 3021 Cranberry Hwy East Wareham Ma | 500 | 00 | Business owner Liquor Locker |
| 3/19 | Ekharan Johar 135 Marion Rd Wareham Ma | 500 | 00 | Business Braun's Package store |
| 3/22 | Shawn Ricux 10 Jane White Ct East Freetown Ma | 100 | 00 | |
| 3/22 | Ronald Susi 36 N Pearson Dr Wareham RI 02888 | 100 | 00 | |
| 3/22 | Christopher Sumner 72 Buckskin Path Plymouth Ma | 100 | 00 | |
| 3/22 | Shree Astapuri LLC 113 Route 6A Sandwich Ma 02360 | 100 | 00 | |
| 3/23 | Willie P Rose P.O. Box 598 Onset, Ma 02558 | 100 | 00 | |
| | | | | |
| | | | | |
| | | | | |
| Line 9: Total receipts in excess of \$50 (or listed above) | | 3302 | 00 | Enter on page 1, line 2 |
| Line 10: Total receipts \$50 and under* (not listed above) | | 420 | 00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 3722 | 00 | |

* 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.

This page may be copied 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 | |
|---------------------------------------|--|--|--|--------|----|
| 3/2/12 | Gateway Printing | 174 Main St Wareham, Ma 02571 | Yard signs, business card, flyers, window signs | 823 | 01 |
| 3/14/12 | Wareham Post office | 248 Main St Wareham Ma | Post card, Direct mailing | 715 | 86 |
| 3/14/12 | Postmaster west Wareham | 2360 Cranberry Hwy West Wareham Ma 02576 | Postcard Direct mailing | 300 | 15 |
| 3/14/12 | Postmaster Onset | 214 Onset Ave Onset, Ma 02558 | Postcard Direct mailing | 122 | 38 |
| 3/14/12 | Gateway Printing | 174 Main St Wareham Ma 02571 | Printing cost | 974 | 84 |
| 3/15/12 | Wareham week | 219 F Main St Wareham, Ma 02571 | ad in Wareham week | 228 | 00 |
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| Line 12: Expenditures over \$50 | | | | 3164 | 24 |
| Line 13: Expenditures \$50 and under* | | | | | |
| Line 14: TOTAL EXPENDITURES | | | | 3164 | 24 |

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 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.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---------------------------------|----------------------|----------------------------------|--|----------|
| 3/16 | Pier View Restaurant | 201 Onset Ave Onset ma, 02558 | Donating the hall for the next fundraiser. | \$200.00 |
| | | | | |
| | | | | |
| | | | | |
| Line 15: In-kind over \$50 | | | | 200.00 |
| Line 16: In-kind \$50 and under | | | | |
| Line 17: Total In-kind | | | | 200.00 |

Enter on page 1, line 6

* 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 |
|---|-------------|---------|---------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Line 18: OUTSTANDING LIABILITIES (ALL) | | | | 0 |

Enter on page 1, line 7