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## Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF CAMPAIGN & POLOTECANDIDATES, PACS OR PARTY COMMITTEES

Commonweal of Massachuse		Office of Campaign and	l Political Finance		
	unty Activity: or aign and Political Finance Place, Room 411		l or	ile with	Municipal Activity City or Town Cler ection Commissio
	Reporting Peri		12/31/2017 //M/DD/YYYY)		
Type of Repo	rt: 8th day preceding primary/p	reliminary 8th day preceding election	30th day after election July	20th [,	January 20th
On behalf of:	State / County Candidates	, PACs & Party Committees or	Municipal Candidates		
		REFORM NOW ADVOCACY INC.			
Name & Title	of Principal Officers: SHAVAR JE	FFRIES, PRESIDENT			
Mailing Addr	ess: 222 Broadway 19th Floor	City / State /	Zip: New York	NY	10038
Determination	of incidental threshold:	Total gross revenues of previous calenda	nr year:	<del></del> .	\$ N/A
		2. 10% of line 1 or \$15,000, whichever is le	ess:		\$ 15,000.00
		3. Total expenditures, donations to commit	tees and liabilities incurred during calend	lar year:	\$ 200,000.00
	If line 3	exceeds line 2, reports are required for th	ne stated calendar year.		
POLITICAL E	EXPENDITURES AND CONTRIBU	JTIONS TO CANDIDATES/COMMITTE	ES (attach additional pages is necessary)	:	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose (Check box if Inkind Contribution)		Amount or Value*
	No additonal expenditures or contributions				
			_		
			Total expenditures/contributions on the	is report:	0.00
		Tota	al expenditures/contributions previously	- ;	200,000.00
			Total expenditures/contributions	to date	200,000.00

<sup>\*</sup>Inkind contributions (donations of goods or services) should be included in this list.

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LIABILITIES";			
Date Incurred	To Whom Due	Address	Purpose

			<u>-</u>
		Total liabilities on this report:	0.00
	Total liabilities	s previously reported and currently outstanding:	0.00
		Total outstanding liabilities**:	0.00

<sup>\*</sup> A liability exists and must be reported if the association or group has received a good or service that it has not paid for, even if the association or group has not received a bill or invoice. If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose, and full name and address of the person to whom it was made.

Signed under the penalties of perjury:

	<u>'</u>
Signature of Of	ficer

Date:

1/19/18 (MM/DD/YYYY) Name

SHAVAR JEFFRIES

## WHO NEEDS TO FILE THIS FORM?

Once an organization has made political contributions or expenditures or incurred liabilities to support candidates or political committees in excess of the "incidental threshold" (i.e., \$15,000 or 10% of such organization's gross revenues for the previous year, whichever is less), a duly qualified officer must file this report. The report must disclose all contributions and expenditures made and liabilities incurred during the calendar year. The obligation to file a report continues for each year thereafter until the year after a year in which the incidental threshold is not reached.

## WHERE SHOULD THIS FORM BE FILED?

State and County Candidates or Committees: If contributions or expenditures are made to support or oppose state or county candidates or committees this form should be filed with OCPF.

Municipal Candidates or Committees: If contributions or expenditures are made to support or oppose municipal candidates or committees this form should be filed with the city or town clerk or election commission.

## WHERE CAN I GET MORE INFORMATION?

You can view or download OCPF Interpretive Bulletin IB-88-01 from the Legal Resources section of OCPF's website at www.mass.gov/ocpf. Call OCPF at (617) 979-8300 or (800) 462-OCPF.

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Amount

<sup>\*\*</sup> The final report must show zero liabilities.