

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

4	Jan 13	(*)	FRK
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or Town Clerk or Election Commission Please print or type all info	rmation, except sign	natures.	MAY IT P 3:
Fill in dates: Month Date Year Reporting Period Beginning France 1 30	<u> </u>	Month Des	1 2021
Type of report: (Check one) ☐8th day preceding preliminary ∠8th day preceding election	n □30 day after e	election	end report
Full Name of Candidate (if applicable)		LE Bulding Tommittee Name	Ballot Commantee
Office Sought and District	15 Galym	of Committee Trea	
Residential Address		(Cd., (5W)W) mittee Mailing Add	Iress
Tel. No. (optional)	and the second s	And the second s	Tel. No. (optional)
Line 1: Ending balance from prev Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus) Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	ious report (page 2, line 11) riod (page 3, line line 4) his period (page	\$\$ \$\$ 14) \$\$	O O O A 3 · 8]
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schodules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf of Signed under the persons activity of the persons activity of the persons activity of the persons activity of the persons acting under the authority or on behalf of the persons activity of the persons	ements, in-kind contributi This committee in secord	ons and liabilities for U	из церопиий региод ягкі терлезеція ик
FOR CANDIDATE FILINGS	<u>ONLY:</u> (candida)	TE MUST SIGN BEL	OW)

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 binance activity, of all persons acting under the authority or on behalf of this committee contributions, incurred any liabilities nor made any expenditures on my behalf during the Candidate without Committee OR Candidate with independent activity filing: I certify that I have examined this report including attached schedules and it is, to the binance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of persons.	e in accordance with the requirements of M.O.L. c. 33. I have not received any use reporting period, leparate report less of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
Candidate signature (in ink)	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 tumize 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.

Imber on each Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Geerven	(aspisances social social		
		;	
			•
	,		
	Lite in avenue of CEO (or listed shove)		
	tal receipts in excess of \$50 (or listed above)		-
	tal receipts \$50 and under* (not listed above)		
Line 11: TO	OTAL 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.

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
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		A STATE OF THE STA		
			A STATE OF THE PROPERTY OF THE	
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	A A A A A A A A A A A A A A A A A A A			
			e 12: Expenditures over \$50	
			e 13: Expenditures \$50 and under*	
	Enter on page 1, line 4	Lin	e 14: TOTAL EXPENDITURES	

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

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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
4/13/2-1	Martinu Gilbert	45 Arbir May Groim, MA 01450	Brochne de Marting Sulf emplaced	2,872.17
2123)24	Marlena Gilbert	45 Arban Way Grain, MA 01450	Face book ad Salf-engloged	#ISO.10
1000				
		Line 15:	In-kind over \$50	3,032.57
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	Total In-kind	3, 620.8

^{*} 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
,			
I	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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