

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

File with:					
City or Town	Clerk	O#	Election	Commi	ssio

Please print or type all information, except signatures.							
Fill in dates: Reporting Period Beginning Sune 16 2021 Ending December 31 2021							
Type of report: (Check one)  [30] Sth day preceding preliminary    [31] Sth day preceding preliminary    [32] Sth day preceding preliminary    [33] Type of report:    [34] Sth day preceding preliminary    [35] Sth day preceding preliminary    [36] Sth day preceding preliminary    [36] Sth day preceding preliminary    [37] Sth day preceding preliminary    [38] Sth day prec							
Full Name of Candidate (If applicable)  Select Board  UU Smith Street  Residential Address  Groton, MA. O1450  Tel. No. (optional)  Curning Lam Committee  Noning Lam Committee  Noning Lam Committee  Name of Committee Treasurer  UY Smith Street  Committee Mailing Address  Groton, MA. O1450  Tel. No. (optional)							
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used							
Affidavit of Committee Tressurer:  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. 35.  Signed under the penalties of perjury:  Treasurer's signature (in ink)  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:							
Candidate signature (in ink)							

## 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 ea  Date  Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
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Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)		ļ	_
Line 11:	TOTAL RECEIPTS IN THE PERIOD	0		Enter on page 1, line 2

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

#### 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

mber on eacl	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	nt
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			e 12: Expenditures over \$50		
	<u></u>	Line	e 13: Expenditures \$50 and under*		
	Enter on page 1, line 4	Lin	e 14:TOTAL EXPENDITURES	0	L

<sup>\*</sup>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
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yanama ay i, in manana			A A A A ANNUAL PROPERTY OF THE	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> 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
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	AND THE PROPERTY OF THE PROPER			
	And the contract of the contra		4	
	And the state of t	3,000		
	Enter on page 1, line 7	Line 18: OUTSTANDING		