

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

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eite v 1	Clerk or Election Commission Please print or type all in	formation, except signatures	. 2022 JUN 30	A 9:38
	ng Period Beginning Month Date Ye	Ending JUL	Dute 2 41 2	2022
	report: (Check one) y preceding preliminary 8th day preceding election	ion 230 day after election	u □year-end report	□dissolutio
	Y 6- AIBGIGIALI)			
;	Full Name of Candidate (if applicable)	Commi	itee Name	
	Office Sought and District MAIN 97	Office Sought and District Name of Committee Treasurer		
	Residential Address			
	Tel. No. (optional)		Tel No. ((optional)
 AASTOO	Line 3: Subtotal (time 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 liabil Line 8: Name of bank(s) used of Committee Treasurer: at I have examined this report including attached schedules and it is, divity, including all contributions, loans, receipts, expenditures, disbur finance activity of all persons acting under the authority or on behalf of the contributions.	this period (page 4) lities (page 4) to the best of my knowledge and betweenents, in-kind contributions and li	abilities for this reporting pe	eriod and represent
	Signed under the pe			c. 33.
	's signature (in ink)		Dato	
	FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST	r sign below)	
	of Candidate: (check I box only) that with Committee and no activity independent of the committee and I have examined this report including attached schedules and it is, stivity, of all persons acting under the authority or on behalf of this or ions, incurred any liabilities nor made any expenditures on my behalf of that without Committee OR Candidate with Independent activity had I have examined this report including attached schedules and it is, stivity, including contributions, loans, receipts, expenditures, disburse finance activity of all persons acting under the authority or on behalf Signed under the penalti	to the best of my knowledge and bell committee in accordance with the requisiting this reporting period. If Illing separate report to the best of my knowledge and believenents, in-kind contributions and liat of this committee in accordance with es of perlury:	sirements of M.O.L. c. 55. I lief, a true and complete stat bilities for this reporting per	I have not received tement of all camp riod and represents . c. 55.
	e atgruture (in ink)	y	Date	

SCHEDULE A: RECEIPTS

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5 requires that the name and residential address be reported, in alphabetical order, for all receipts a calendar year. Committees must keep detailed accounts and records of all receipts, but need only v receipts over \$50. In addition, the occupation and employer must be reported for all persons who 200 or more in a calendar year.

y be copied if additional pages are required to report all receipts. Please include your committee name and a page th page.

Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)	
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oral receipts in excess of \$50 (or listed above)	10	0		
oral receipts \$50 and under* (not listed above)	0	Ŏ		
OTAL RECEIPTS IN THE PERIOD	Ó	0	Enter on page 1, line 2	

itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized

Page 2

SCHEDULE B: EXPENDITURES

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requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. and keep detailed accounts and records of all expenditures, but need only itemize those over \$50. and under may be added together, from committee records, and reported on line 13.

copied if additional pages are required to report all expenditures. Please include your committee name and a page

To Whom Paid	Address	Purpose of Expenditure	Amount	
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		077437		
	Line 12: Expenditures over \$50		00	
	Line 13	00		
con page 1, line 4	Line 14	TOTAL EXPENDITURES	01	

expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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reliable to such that sale in-kind contributions of more than \$50. In-kind contributions \$50 and under may be the committee's records and included in line 16.

Vhom Received*	Residential Address	Description of Contribution	Value
		and the second s	
	Line 15: In-kind over \$50		10
	Line 16:	In-kind \$50 and under	0
page 1, line 6	Line 17:	Total In-kind	0

service distribution is received from a person who contributes more than \$50 in a calendar year, you must report the name service in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and

SCHEDULE D: LIABILITIES

The secommittees to report ALL liabilities which have been reported previously and are still outstanding, as well as a second during this reporting period.

To Whom Due	Address	Purpose	Amount
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on page 1, line 7	Line 18: OUTSTANDING I	JABILITIES (ALL)	15

explicit on recycled paper required to report all activity. Please include your committee name and a page Page 4