

Signed under the penalties of perjury:

Form CPF M 102-0 Form CPF M 102-0 **Aumicinal Form Eketion Pen post

Office of Campaign and Political Finance

Commonwealth of Massachusetts	Eila with: City on Town Clark on Election Commission
Fill in Reporting Period dates: Beginning Date: Feb /	File with: City or Town Clerk or Election Commission A 22 Ending Date: MAY 6 2022
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 23	day after election year-end report dissolution
BOSANNA MANNE (ASAURCHICA Candidate Full Name (if applicable)	Committee Name
Oroton Ostable School Distruct	Name of Committee Treasurer
32 CBSTLe DNIVE Cristin, MA Residential Address	Committee Mailing Address
Telephone Number (optional):	lephone Number (optional):
SUMMARY BALANCE IN	NFORMATION:
Line 1: Ending Balance from previous report	6
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	C
Line 4: Total expenditures this period (page 5, line 14)	99663
Line 5: Ending Balance (line 3 minus line 4)	-996.63
Line 6: Total in-kind contributions this period (page 6)	9'96.63
Line 7: Total (all) outstanding liabilities (page 7)	6
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accordance.	utions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: 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 activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period	ce with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kin campaign finance activity of all persons acting under the authority or on behalf of this committee.	f my knowledge and belief, a true and complete statement of all campaign and contributions and liabilities for this reporting period and represents the

Candidate's signature)

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/14/200	Tredits	17 Main ST Ayer MAU 1432	14210 51600	93.55
4/200	Jaghusinen Prududs	17 Main ST Dyer MA U1430	Lawn Signs	303.17
		Line 15: In-Kind Contributions over \$50 (or listed above)		
Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS		996.63

^{*} 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.

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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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid	A ddunae	Duwnose of Even and Miles	A	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
\parallel_{CII} , \parallel	JYS Monus	17 Main ST			
17/4/2017	Vadirata	AxerMADIY32	Value Sinne	903.13	
179/000	rrwcr	HYETTIAOLYR	100011 319113	L	
-11 2	J& Shusines	17 main 55			
1/10/20	Virgolisate	17 Main 57 Pyer MAG143	Value S'esos	93,5%	
1000	110000		(4W) 1 J19013		
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	Market Control of the				
T' 10 T (T					
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Ente 15. Fold Expenditures \$50 and under (not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

^{*} 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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