

Form CPF M 102: Campaign Finance Report Municipal Form 80ARD 0

Office of Campaign and Political Finance

BOARD OF ELECTION COMMISSIONERS

File with Cry or Town Clerk or Election Commission DETEND MEZ Ending Date: Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) dissolution year-end report 30 day after election 8th day preceding election 8th day preceding preliminary Candidate Full Name (if applicable) Office Sought and District Residential Address E-mail: Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) 9,895,72 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: 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 Affidavit of Committee Treasurer: 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. 55. Date: 5-18-22 (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) 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 that are not otherwise disclosed in this 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 candidate in accordance with the requirements of M.G.L. c. 55. Date: 5(18.27 (Candidate's signature) Signed under the penalties of perjury:

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 itemize 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.

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

	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	
	, ,		
	\ \		
		100 PM	
ine 9: Total Rece	cipts over \$50 (or listed above)	0	
	eipts \$50 and under* (not listed above)	8	
		· ~	
ine 11. TOTAL	RECEIPTS IN THE PERIOD	N	← Enter on page 1, line 2

If you have itemized receipts of \$50 and under, include them in line

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address	427757672	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Received	(a.p.a.s.		
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
	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			

^{*} 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.

(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.) To Whom Paid Amount **Purpose of Expenditure** Address (alphabetical listing) **Date Paid** 432.00 BrogowAy, Reve Broadway 66.46 Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line $4 \rightarrow |$ 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 Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

SCHEDULE B: EXI ENDITORES (continued)					
D. 4. Daid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
Date Paid	(aiphabetical listing)				
		Line 12: Expenditures over \$50	0 (or listed above)		
		Line 13: 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.

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.

		Signature of Signa	Description of Contribution	Value
Date Received	From Whom Received*	Residential Address	Description of Contribution	\ alue
		A		
	J L	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	s \$50 & under (not listed above)
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C		
Effect on page 1, file 5				name and address

^{*} 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 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.

as mose mounted during mis reporting period.				
Date Incurred	To Whom Due	Address	Purpose	Amount
VAGOS TARC	ALBERT Fion	350 Rever Braca & Reville, MA. 0218	Printer/Fre	292.21
8-2-21	Algert Fronc	15	Pizza/Beach	79.20
8.3.21	ALBERT From	i)	Office Supplie	30.84
8-6-21	Albert Fine	4	Supplies	54.18
8-10-21	Albert Fiole	11	Pizza Canpaija En-T	179.76
8.73.7	ALBERT hor	٤ ''	Postage	55,00
8-26-21	Alber fine	/ /	Supplies	37.02
8-26-21	Albert Fiore	11	Copies	61.95
11-9-21	ALBER FIOR)/	LOAN	5,939.11 6,000.00 6, M.H
9-7/3-2	Alber Bott	n'hu o	Met 1	
9-13-21	FREE Some Communication	10 Fible Poro Las Beat Fort Sc. 29		1,351.35
9-7-21	FREE STAN Commen	essin's 11	Phone Calls	1815.16
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			9895,72	