

Signed under the penalties of perjury:

## Form CPF M 102: Campaign Finance Report Municipal Form BOARD OF ELECTION

Office of Campaign and Political Finance MMISSIONERS

City or Town Clerk or Election Commission Ending Date: Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) dissolution 8th day preceding election 30 day after election year-end report 8th day preceding preliminary Name of Committee Treasurer Office Sought and District Committee Mailing Address Residential Address ory Murray 19668 SMai OH MUTBY 19660 SMELL Phone # (optional): 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) 350,00 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) 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 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. 55. Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee 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. Candidate without 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, 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.

(Candidate's signature)

## 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.)

report all receipts. Please include your committee name and a page number on each page.)  Name and Residential Address  Occupation & Employer			
	Name and Residential Address	Amount	(C
Date Received	(alphabetical listing required)	Amount	(101 Contributions of \$200 of more)
8/30/23	Robrigo S. Angulo 69 Cart Rd. Winthep Md	500.00	Restaurant owner
8   30   33	Santos + Elend Martinez 45 Butler Str. Rever Md. 00151	50.00	
8/30/03	Exlen J. ARBELEZ 203 Proctor Avetz Revnelle	100.00	
8/30/23	Luisa F. Bedoya - Salazak Daniela Utlasquez Reuse 11 Marsh viewteria e Madrisi	2500	MORT GOGE Lending MSA Mortgage
8/30/23	And Chesley 11 Overlock Ridrede Apt. 302 Revere Md, 02151	2000	Pruspectons Recruiter
8/30/23	SPJ Properties 380 low-11 Str. Exampred, Md 01940	150.00	Funds to be Returned ()
8   30   23	Patriot Sever + Diain 63 Ambrare St Rever Md. 02151	100.00	Finds to be Returned
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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.  Page 2			