

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Uly 21, Ending Date: Decuber 31, 202
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)  MADDIEHTAD SCHOOL COMMITTEE  Office Sought and District  33 WASHINGTON ST. MARRITHEAD  Residential Address  E-mail: LAVAGA TAMA (NO COLONO COM  Phone # (optional):	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	\$ 1,000,00 654,70
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	\$ 1000. FO \$1,000.00
Line 4: Total expenditures this period (page 5, line	e 14) 5 654. 70
Line 5: Ending Balance (line 3 minus line 4)	\$ 345,30
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: KASTCVY	BANK MARSICHEAD MI
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acting incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority of on hehalf of this	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 12-3(, 22

#### **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					
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
Date Received	(aiphabetical fishing required)	Amount	(IOI CONTINUED OF \$200 OF MANY)		
4/8/22	PAUL E. ZANOHI	1,000	RETIRED		
ine 9: Total Recei	ipts over \$50 (or listed above)				
	ripts \$50 and under* (not listed above)				
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← 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.

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
	ripts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← 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.

#### 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

	To Whom Paid	A Aldress	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				L
		Line 12. Total Evnanditure	es over \$50 (or listed above)	
		Line 12: Total Expenditure	CS OVEL \$30 (OF HSIGH &00VC)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
		T' 14. TOTAL EVDEN	DITURES IN THE PERIOD	

<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.

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## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

<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 on page 1.

Data Dansiwad	From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	From whom Received	ACSIGNITIAN FACTORS	Description of Contribution	1,7,5,
		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 →	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<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.

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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.

Date Incurred To Whom Due Address Purpose Amount				
Date Incurred	10 Whom Due	Address	Turpose	Timount
3/13/2	2 Square Spale	& Clarksout Ny	werdsite	20.
4/11/2	2 17	U	1/	20-
5/11/2	<b>D</b>	١١	N/	158,96
4/5/2	Visappint	Loungton MA	BUSINESS CAR	5 38.45
3/24/2	a Signs on the	heat Austin TX	Signs	391.50
4/11/22	Traded Jodg	Andover MA	Food & Beverage	55.57
,			TOTAL:	654.70
10/22	Check payable	to Paul Zayoftig	(due do ending	345,36
	,		anpaign	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) # 0.00				