

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	2 1 1 12
Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date: (12 23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
1 7 (.	
Candidate Full Name (if applicable)	
Recreation and lay & Committee	Committee Name
16 Rowled St. Marsievery MA	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: (asimp 33 @ qmail.com	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Palance from	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	11492 73
UX ro	9 1482.73
Line 3: Subtotal (line 1 plus line 2)	1482.73
A Total and I'm	4 10
Line 4: Total expenditures this period (page 5, line	14) 4 1482.73
Line 5: Ending Balance (line 3 minus line 4)	^
-40 -	
Line 6: Total in-kind contributions this period (page	e 6) O
Line 7: Total (all) outstanding liabilities (page 7)	\$ 350.00
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached school log and it is to the	my knowledge and belief, a true and complete statement of all campaign finance
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cor finance activity of all persons acting under the authority or on behalf of this committee in activity.	ntributions 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 of	only)
Candidate with Committee	
I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in accordance.	est 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 according incurred any liabilities nor made any expenditures on my behalf during this reporting persons acting under the authority or on behalf during this reporting persons.	rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee	*
I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority for the hold of this	est of my knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of this ca	andidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 4/12/27

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

(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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
5/22/23	16 Rewlind St Millydon	1482.73	(for contributions of \$200 or more)	
9: Total Receipts	over \$50 (or listed above)			
	s \$50 and under* (not listed above)			
11: TOTAL REC	CEIPTS IN THE PERIOD	148273 4	Enter on page 1, line 2 nclude 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)
	over \$50 (or listed above)		
	\$ \$50 and under* (not listed above)		
	cEIPTS IN THE PERIOD eipts of \$50 and under, include them in line 9		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.

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 **Date Paid** (alphabetical listing) Address Purpose of Expenditure Amount Sir Spearly . t 1482.73 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 → | Line 14: TOTAL EXPENDITURES IN THE PERIOD 1482.73

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purnose of Evnes diagram	
			Purpose of Expenditure	Amount
				THE PROPERTY OF STREET
		Line 12: Eyear 1:		
	F	Line 12: Expenditures over \$5	L	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	1	Line 14: TOTAL EXPENDIT		482.73

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

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

	***************************************	Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1 line 6 -	Line 17: TOTAL IN-KIND CO		

^{*} 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
5/27/23	Emily Figueroa	290 Westington St #2 Mb/hd, MA 01945	depage design	350.00
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	350.00