

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in R	eporting Period dates: Beginning Date:	1/22/25	Ending D	Pate: 6/2/2	erk or Election Comr
Type of	Report: (Check one)	1			
	V preceding preliminary				
	our day preceding election	30 day after 6	election	year-end report	dissolution
	James Richard Zisson				
	Candidate Full Name (if applicable)			6	
	Select Soar			Committee Name	
	Office Sought and District 7		Nam	ne of Committee Treasurer	
	Residential Address		Con	in No. 11	
-mail:	- FISSON (COM COST. NOT	E-mail:	Coi	nmittee Mailing Address	
hone #:	781 990 3116	Phone #:			
	,				
	SUMMARY BALANCE	E INFORMA	TION:		
	Line 1: Ending Balance from previous report	1	,		_
	Line 2: Total receipts this period (page 3, line 12)		/		
)		
	Line 3: Subtotal (line 1 plus line 2)				7
	Line 4: Total expenditures this period (page 5, line 15)		0		
	Line 5: Ending Balance (line 3 minus line 4)		2		
			0		
	Line 6: Total in-kind contributions this period (page 6, lin		C		13
	Line 7: Total (all) outstanding liabilities (page 7, line 19)		C		2 2
-	Line 8: Total out-of-pocket expenses this period (page 8, 1	ine 22)	2001	d	
	Line 9: Name of bank(s) used:		2006.	, δ'	
L					
rtify that I h	ommittee Treasurer:				
vity, includi	nave examined this report including attached schedules and it is, to the best of ing all contributions, loans, receipts, expenditures, disbursements, in-kind control of all persons acting under the authority or on behalf of this committee in acc	my knowledge and be tributions and liability	elief, a true an	nd complete statement of al	l campaign finance
ied under t	of all persons acting under the authority or on behalf of this committee in accide penalties of perjury:	ordance with the requ	uirements of I	M.G.L. c. 55.	ts the campaign
		(T	reasurer's sig	mature) Date:	
	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box or	nly)		11	
I certify that	with Committee at I have examined this report including attached schedules at I have examined the report including attached schedules.				
activity, of incurred an	at I have examined this report including attached schedules and it is, to the bes all persons acting under the authority or on behalf of this committee in accord y liabilities nor made any expenditures on my behalf during this reporting per	t of my knowledge and the second	nd belief, a tr	ue and complete statement	of all campaign finan
Candidate	without Committee		diociose	a in this report.	
I certify that finance acti	at I have examined this report including attached schedules and it is, to the besityity including contribution	t of my knowledge ar	nd belief a tr	ue and complete et-t	of all :
campaign fi	vity, including contributions, loans receipts, expenditures disbursements, in- inance activity of all persons acting under the authority of on behalf of this car	kind contributions an	d liabilities for	or this reporting period and	represents the
	1 1/14 # 17 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and accordance	with the real	Illrements of M G I a 55	. /

M102 (12/2023)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ate Received	(aiphabetteat issuing 1-1)		
(w			

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Doto Dota	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
4/22/25	Signion cheap. con	764.15	Sign
4/22/25	Vistapiwicon	1242.46	Marlen
Line 20: Total Itemized (or listed above)	Out-Of-Pocket Expenditures Over \$50		* If you have out of and
(or fisted above)	ted Out-Of-Pocket Expenditures \$50 and		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF	*Schodulo E is not for b	7006.81 +	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

ate Incurred	To Whom Due Address		Purpose	Amount
			NDING LIABILITIES (AI	