

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

DUE DATE:

APRIL 2, 2021

Please print or type all information, except signatures. Pill in dates:	mouwealth assachusetts	e Rechar
Summary Summ	or Town Clerk or Election Commission	n, except signatures.
Sth day preceding preliminary With day preceding election 130 day after election 1year-end report 1 classed the property 1 control that for presents 1 carrier that for parameter from 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. Signed under the penaltize of perjusy: Date Date		
Full Name of Candidate (if applicable) MODERATOR Office Sought and District 8 HAWE RIDGE ROAD BILERICA, MA 01862 Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) 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 camps (finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents 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 (in ink) Date		30 day after election □year-end report □dissolution
Name of Committee Treasurer Name of Committee Treasurer	Full Name of Candidate (if applicable)	Committee Name
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Treasurer's signature (in ink)	I certify that I have examined this report including attached schedules and it is, to the be- finance activity, including all contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this con-	m-kind contributions and traditities for this reporting period and represents a ministee in accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	Treasurer's signature (in ink)	Date
	FOR CANDIDATE FILINGS ONLY	Y: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
Amazvit of Canadate: (Check 1 box only)
Candidate with Committee and no activity independent of the committee
the state of the second data report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of an earnpaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.C.L. c. 53. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Constitution of the Consti
responsible to the second including attached schedules and it is to the best of my knowledge and belief, a true and complete statement of all campaign
g and interest in the contributions loans receipts expenditures disbursements, in-kind contributions and habilities for this reporting period and represents are
mance activity, including contributions, today, receipt, expensions of this committee in accordance with the requirements of M.G.L. c. 55.
// Signed under the penalties of perjury:
Signed under the penalties of perjury:
Date Date

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Name and Residential Address Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more	
:				
		ar '		
			, t	
ine 9: 5	Total receipts in excess of \$50 (or listed above)			
Line 10:	Fotal receipts \$50 and under* (not listed above)			
ine 11: 7	FOTAL 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.

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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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
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			xpenditures over \$50	
Ent	ter on page 1, line 4		xpenditures \$50 and under* OTAL EXPENDITURES	

^{*}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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		a"		
		Line 15:	In-kind over \$50	
			In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	<u> </u>

^{*} 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.

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.

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er on page 1, line 7		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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