

# Form CPF M 102: Campaign Finance Report **Municipal Form** Office of Campaign and Political Finance of The Figure 1

of Massachusetts	7074 JAFile with: City of Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	1 2023 Ending Date: 12 3/2023			
Type of Report: (Check one)				
■ 8th day preceding preliminary ■ 8th day preceding election	☐ 30 day after election ☐ dissolution			
Candidate Full Name (if applicable)  School Co Multee  Office Sought and District  106 Walton Park, Molrose, MA  Residential Address  E-mail: Jenfferthomos 04@ yahas. Com  Phone #: (617) 276-59 6 2	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone #:			
SUMMARY BALANC	TE INFORMATION:			
	SE INFORMATION.			
Line 1: Ending Balance from previous report				
Line 2: Total receipts this period (page 3, line 12)	0			
Line 3: Subtotal (line 1 plus line 2)	6			
Line 4: Total expenditures this period (page 5, line 15				
Line 5: Ending Balance (line 3 minus line 4)	igtherapsite			
Line 6: Total in-kind contributions this period (page 6	, line 18)			
Line 7: Total (all) outstanding liabilities (page 7, line	19)			
Line 8: Total out-of-pocket expenses this period (page	8, line 22)			
Line 9: Name of bank(s) used:	NIA			
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) Date:			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)				
	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period that are not otherwise disclosed in this report.			
Gandidate without Committee  Certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on hehalf of the contributions.	ts, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: $\sqrt{23/202}$			

#### SCHEDULE A: RECEIPTS

4.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 ear. 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions accived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

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

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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Line 10: Total Receipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and	
Line 11: Total Rece	eipts \$50 and under (not listed above)	0	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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12.7				
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 13: Expenditures over \$50 (or listed above)  Line 14: Expenditures \$50 and under (not listed above)		Line 13: Expenditures over \$50	(or listed above)	
		under (not listed above)		
	Enter on page 1, line 4 -> Line 15: TOTAL EXPENDITURES IN THE PERIOD			

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In iddition, 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please nelude the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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			And the second s	
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		A Desired of the Control of the Cont		
* If you have i	temized in-kind contributions of	Line 16: In-Kind Contributions of	ver \$50 (or listed above)	2
\$50 and under,	include them in line 16. Line 17 de only those expenditures not			8
onoara motu	itemized above.	Line 17: In-Kind Contributions \$	ou and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND COM	TRIBUTIONS IN THE PERIOD	U

### **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.

Date Incurred	To Whom Due	Address	Purpose	Amount
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<u> </u>	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	7

#### 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.

Proposed on the Control of the Contr	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
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PARTAMETERINAL			
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	<i>V</i>		
			Landalida Landal
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Line 20: Total Itemiz	zed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50
(or listed above)	mized Out Of Docket Evnanditums \$50 and	<u> </u>	and under, include them in line 20. Line 21
under (not listed abo	mized Out-Of-Pocket Expenditures \$50 and ve)	should include only those expenditures not itemized above.	
	-OF-POCKET EXPENDITURES IN THE PERIOD	0	← Enter on page 1, line 8
			Page 8