

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

UI Wassachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date:
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)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address E-mail:	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
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 bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions 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 bd	ox only)
	e best of my knowledge and belief, a true and complete statement of all campaign finance ccordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of periury:	Candidate's signature)

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.)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)
1			
			J [
			1
			J L
ine 9: Total Recei	pts over \$50 (or listed above)		
ina 10. Tatal Day	into \$50 and undow* (not lists delicated		1
ine 10: 10tal Kece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		☐ Enter on page 1, line 2
		0 1: 10 1	ld include only those receipts not itemized above

^{*} 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)

Name and Residential Address Date Received (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)		
Date Received	(aiphabeteal fisting required)	Amount	(101 Contributions of \$200 of more)	
Line 9: Total Rece	ipts over \$50 (or listed above)			
Line 10: Total Rece	eipts \$50 and under* (not listed above)			
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
		2 0 Line 10 shou	Id include only those receipts not itemized above	

^{*} 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.)

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	Amount
10/12/2023	Dorchester Publications	28 Church Street Everett, MA 02149	campaign ad	\$200.0
10/5/2023	Dorchester Publications	28 Church Street Everett, MA 02149	campaign ad	\$50.00
6/29/2023	Dorchester Publications	28 Church Street Everett, MA 02149	campaign ad	\$50.00
5/25/2023	Dorchester Publications	28 Church Street Everett, MA 02149	campaign ad	\$50.00
10/4/2023	Independent Newspaper Group, LLC	PO BOX 380 385 BROADWAY REVERE, MA 02151	campaign ad	\$75.00
5/24/2023	Independent Newspaper Group, LLC	PO BOX 380 385 BROADWAY REVERE, MA 02151	campaign ad	\$65.00
4/5/2023	Independent Newspaper Group, LLC	PO BOX 380 385 BROADWAY REVERE, MA 02151	campaign ad	\$65.00
2/7/2023	Independent Newspaper Group, LLC	PO BOX 380 385 BROADWAY REVERE, MA 02151	campaign ad	\$88.00
2/7/2023	Independent Newspaper Group, LLC	PO BOX 380 385 BROADWAY REVERE, MA 02151	campaign ad	\$88.00
1/10/2023	Independent Newspaper Group, LLC	PO BOX 380 385 BROADWAY REVERE, MA 02151	campaign ad	\$156.00
1/11/2023	Independent Newspaper Group, LLC	PO BOX 380 385 BROADWAY REVERE, MA 02151	campaign ad	\$65.00
10/23/2023	THE ADOVCATE PAPER	PO BOX 380 EVERETT, MA 02149	campaign ad	\$225.00
Line 12: Total Expenditures over \$50 (or listed above)			\$1,177.00	
Line 13: Total Expenditures \$50 and under* (not listed above)			cont	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				cont

^{*} 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
10/23/2023	THE ADOVCATE PAPER	PO BOX 380 EVERETT, MA 02149	campaign ad	\$75.00
6/14/2023	THE ADOVCATE PAPER	PO BOX 380 EVERETT, MA 02149	campaign ad	\$75.00
5/12/2023	THE ADOVCATE PAPER	PO BOX 380 EVERETT, MA 02149	campaign ad	\$75.00
4/7/2023	THE ADOVCATE PAPER	PO BOX 380 EVERETT, MA 02149	campaign ad	\$75.00
2/10/2023	THE ADOVCATE PAPER	PO BOX 380 EVERETT, MA 02149	campaign ad	\$60.00
1/18/2023	THE ADOVCATE PAPER	PO BOX 380 EVERETT, MA 02149	campaign ad	\$110.00
1/18/2023	EHS YEARBOOK	100 ELM ST EVERETT, MA 02149	campaign ad	\$258.75
3/29/2023	EVERETT LITTLE LEAGUE		campaign ad	\$500.00
5/15/2023	EVERETT SOFTBALL		campaign ad	\$200.00
9/29/2023	POTTERS PRINTING	207 Pocasset St, Fall River, MA 02721	CAMPAIGN LITERATURE	\$1,519.58
10/7/2023	POTTERS PRINTING	207 Pocasset St, Fall River, MA 02721	CAMPAIGN MAILER	\$524.23
Line 12: Expenditures over \$50 (or listed above)				\$3,472.56
Line 13: Expenditures \$50 and under* (not listed above)			\$102.04	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$4,751.60

^{*} 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.

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 \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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
		Line 18: TOTAL OUTSTANI		