

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 312	File with: City or Town Clerk or Election Commit Ending Date: - 26 2
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	₩ 20.1 °C
The processing election	30 day after election year-end report dissolution
Board of Assessars	Mone
Board of ASSESS VS	Committee Name
Church Symboard District	Name of Committee Treasures.
Residential Address	
- COCCOT WIND TO COM	Committee Mailing Address
Phone 7 (optional):	Phone ≈ (optional):
SUMMADY DALANCE	
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	\$511,00
Line 3: Subtotal (line 1 plus line 2)	\$ 516,00
Line 4: Total expenditures this period (page 5, line	
Line 5: Ending Balance (line 3 minus line 4)	2 11100
Line 6: Total in-kind contributions this period (page	e 6) O
Line 7: Total (all) outstanding liabilities (page 7)	\mathcal{O}
Line 8: Name of bank(s) used:	ne
lavit of Committee Treasurer:	
tify that I have examined this report including attached schedules and it is, to the best of it, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions of all persons acting under the authority or on behalf of this committee in acceptance.	my knowledge and belief, a true and complete statement of all campaign finance
and under the persons acting under the authority or on behalf of this committee in acco	ordance with the requirements of $M_{\nu}G_{\nu}L_{\nu}$ c. 55.
	(Treasurer's signature) Date:
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box on Candidate with Committee certify that I have examined this report including attached schedules and it is, to the best ctivity, of all persons acting under the authority or on behalf of this committee in accordance any liabilities nor made any expenditures on my behalf during this reporting period.	t of my knowledge and belief, a true and complete statement of all correction C
ncurred any liabilities nor made any expenditures on my behalf during this reporting period and the without Committee certify that I have examined this report including attached schedules and it is, to the best nance activity, including contributions, loans, receipts, expenditures, disbursements, in-kumpaign finance activity of all persons acting under the authority or on pehalf of this can	of my knowledge and belief, a true and complete statement of all true and complete sta

campaign finance activity of all persons acting under the authority or on Jehalf of this candidate in accordance with the requirements of M.G.L. c. 55.

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.)

Data Danimal	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
3/22/2021	James wheelock 1 cunniff Are	\$511.00	546-employed
	, s		
e 9: Total Receipt	ts over \$50 (or listed above)	\$511,00	
e 10: Total Receip	ts \$50 and under* (not listed above)		
e 11: TOTAL RE	CCEIPTS IN THE PERIOD	\$511,00	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			N.
9: Total Receipts	over \$50 (or listed above)		
	\$50 and under* (not listed above)		
	EIPTS 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.

SCHEDULE B: EXPENDITURES

MGL, 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/4/hou	touncirerpub.	48 Mechanicst. Veton, MA	Advertising	\$511.00
		ine 12: Total Expenditures over	r \$50 (or listed above)	\$511.00
	1	ine 13: Total Expenditures \$50		7711100
	Enter on page 1, line $4 \rightarrow \boxed{L}$ d expenditures of \$50 and under, in	ine 14: TOTAL EXPENDITU	RES IN THE PERIOD	\$5/100

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	I	Line 12: Expenditures over \$50 (c	or listed above)	
	<u> </u>	Line 13: Expenditures \$50 and und		
	-	ine 14: TOTAL EXPENDITUR		

^{*} 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	on Value	
1.0		Line 15: In-Kind Contributions	over \$50 (or listed above)	0	
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → 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

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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