

Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

or Massachusetts	1		· · · · · · · · · · · · · · · · · · ·			
City or Town of:	LAN CBS for	WA	Please	print or type all information, except signatures.		
Reporting Period:	Beginning:	23 (MM/DD/YYYY)	Ending: Ulay	AM/DD/YYYY)		
				/		
	Type of Report: (Check One) Sth day preceding preliminary/primary					
		preceding election 3oth day follow	wing election (town or special)	in day of January (Tear End Tepore)		
2. I certify that I have	candidate for or currently hold	Municipal Office. made any expenditures, or incurred any obli	gations during this reporting period, and do	not have a campaign fund in existence.		
		SIGNATURE	RESIDENTIAL ADDRESS			
DATE	PRINT NAME	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT		
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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

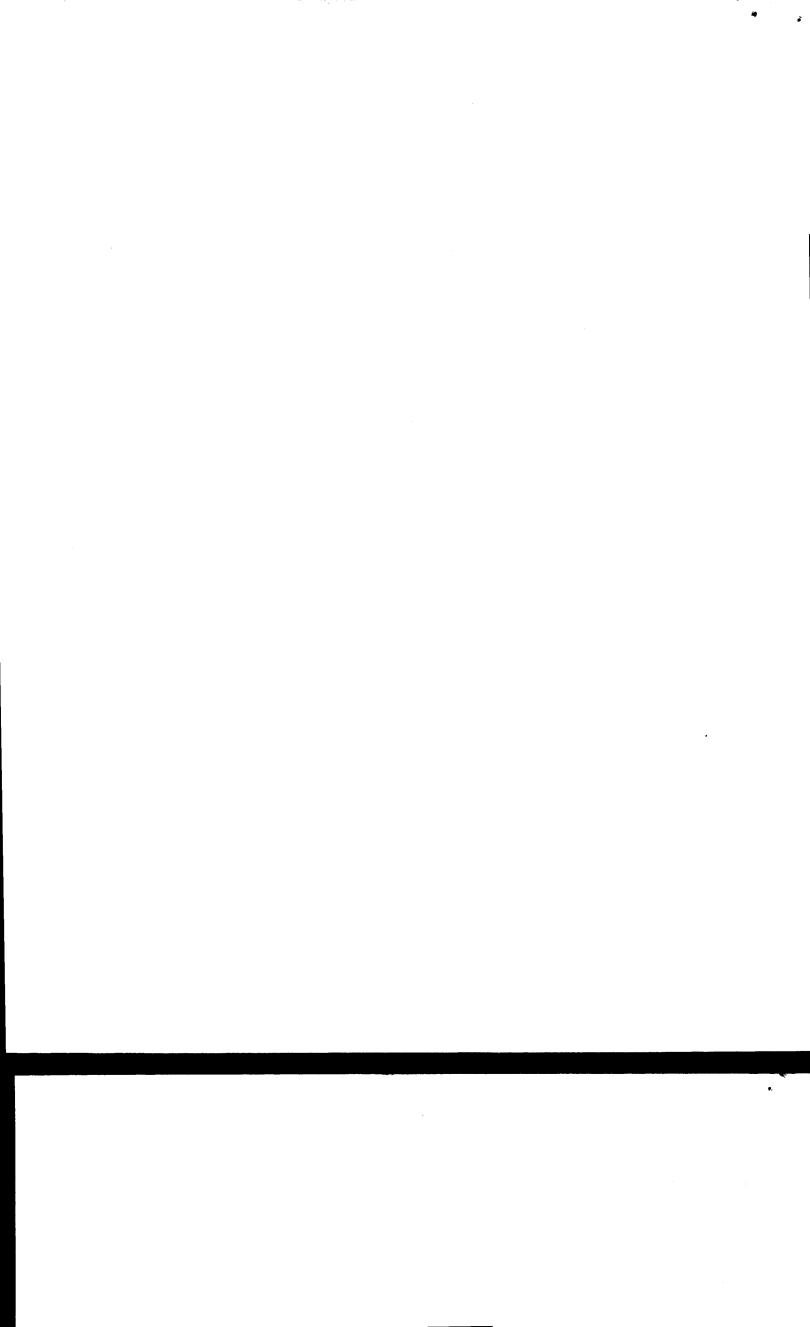
Fill in Reporting Period dates: Beginning Date:	Ending Date: 120/2
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election v year-end report dissolution
Candidate Full Name (if applicable)	Flager Men. L. Committee Name 1 1 rustees
Office Sought and District	Name of Committee Treasurer
Residential Address E-mail:	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	<i>D</i>
Line 2: Total receipts this period (page 3, line 11)	D
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, lin	e 14) \bigcirc
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	age 6) $\bar{\mathcal{O}}$
Line 7: Total (all) outstanding liabilities (page 7)	8
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 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 Signed under the penaltics of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	be best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, a 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, disbursements 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 perjury:	(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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)



SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Received	(urphassonal assung 1-4-assa)		
			1
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10, Total Day	pints \$50 and under* (not listed above)		1
Line IU: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		a O. I in a 10 about	ild 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

cport an expend	port all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)		
		r: 10 m / 1 m	O and undouk (not listed share)		
		Line 13: Total Expenditures \$5	o and under* (not listed above)		
	P (12 4 2	Line 14: TOTAL EXPENDIT	TIRES IN THE PERIOD		
	Enter on page 1, line $4 \rightarrow$	Line 14. TOTAL EXTENDIT	1 - 11 in shule only those expenditur	<u> </u>	

^{*} 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)

		ULE D: EAFENDITURES (C	<u>, </u>	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				A 2000 100 100 100 100 100 100 100 100 10
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
•	Enter on page 1 line 4	Line 14: TOTAL EXPENDIT		
-			should include only those expenditure	

^{*} 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	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} 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
	1			
			DING LIABILITIES (ALL)	
	Enter on page 1, line 7	Line 18: TOTAL OUTSTAN	DING LIADIDITIES (ADD)	Раде