

Form CPF M 102: Campaign Finance Report

Municipal Form

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Office of Campaign and Political Finance

Of Wassachuseus	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: June	7 m23 Ending Date: 12-31-23				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution				
Carl & FAweld Candidate Full Name (if applicable) Thursty Board Office Sought and District Y72 A von R Residential Address E-mail: Carl, Lawre #13 og Morf. Com	Committee Name Tin Cox Name of Committee Treasurer 472 Harron Pd Committee Mailing Address E-mail: Carl. fowelt 13 of Swords Committee				
Phone # (optional):	Phone # (optional):				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	(7.22				
Line 2: Total receipts this period (page 3, line 11)	interest from var				
Line 3: Subtotal (line 1 plus line 2)	₹ 17.57				
Line 4: Total expenditures this period (page 5, line	e 14) 3				
Line 5: Ending Balance (line 3 minus line 4)	\$ 17,59				
Line 6: Total in-kind contributions this period (page)	ge 6)				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Work	& Codit Univa				
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: 1-19-24					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)				
Candidate with Committee 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 actinizer any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 this	in-kind contributions and habilities for this reporting period and represents the				
	(Candidate's signature) Date: $\sqrt{-19-24}$				



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

City or Town of:	Lancate	1.1.		e print or type all information, except signatures.
Reporting Period:	Beginning: 30 AY	MMDDYYY) Jure 7,24	Ending:	7-31-23 (MM/DD/YYYY)
Type of Report: (Ch	neck One)			
8th day preceding	ng preliminary/primary 🔲 8th day	preceding election 30th day follow	ring election (town or special)	20th day of January (Year-End report)
2. I)certify that I	I am a candidate for or currently hold N	Municipal Office. nade any expenditures, or incurred any obli	gations during this reporting period, and o	lo not have a sampaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/19/24	Call FAMILY	Cal & Survey	472 1- ann 14	2023 Planing Bon

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.)

eport all receipts. F	lease include your committee name and a pa	B	Occupation & Employer
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
	worker's Crediturion	,35	Interest or Saung amond
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAI	RECEIPTS IN THE PERIOD	. 35	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.