Commonwealth of Massachusetts		Form CPF M 102-0: Cam Municipa Office of Campaign an	l Form	
City or Town of:	Lancaster	· ···· ··· ···	· · · · · · · · · · · · · · · · · · ·	Please print or type all information, except signatures.
Reporting Period	-	(MM/DD/YYY)	Ending:	51 2028
Pursuant to M.G.L	ing preliminary/primary 🗌 8th day p		ng election (town or special)	20th day of January (Year-End report)
2. I certify that			ations during this reporting period, RESIDENTIAL ADDRESS	and do not have a campaign fund in existence.
DATE	PRINT NAME	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT
	George Frantz		13 Hybfield &-	//annny & boul

File with: City or Town Clerk or Elected Dommi Fill in Reporting Period dates: Beginning Date: Ending Date: Type of Report: (Check one) Sth day preceding preliminary 8th day preceding election 30 day after election Image: Sth day preceding preliminary 8th day preceding election 30 day after election Image: Committee Value Committee Name Image: Committee Value Committee Name Image: Committee Value Name of Committee Treasurer Image: Committee Value Committee Treasurer Image: Committee Value Committee Mailing Address E-mail: File vith: City of Committee Value Phone # (optional): G18-507-0308 SUMMARY BALANCE INFORMATION: Summittee Value					
Type of Report: (Check one) Bth day preceding preliminary Candidate Full Name (if applicable) Candidate Full Name (if applicable) Mame of Committee Name Office Sought and District I3 Hughfield Prime # (optional): Gatter Commute Compass for multicement Be-mail: Phone # (optional): SUMMARY BALANCE INFORMATION:					
Bith day preceding preliminary Bith day preceding election 30 day after election If year-end report dissolution Candidate Full Name (if applicable) Committee Name Committee Name Munencipe Plann ivn Bound Name of Committee Treasurer Office Sought and District Name of Committee Treasurer Committee Mailing Address E-mail: Function Office Sough Compass 7. net Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: SUMMARY BALANCE INFORMATION: Summary and state of the state					
Image: Canadiate Full Name (In applicable) Image: Canadiate Full Name (In applicable) Office Sought and Diskrict I3 High: Field Drive Residential Address E-mail:					
Office Sought and District IS High Field Drive Committee Mailing Address E-mail:					
E-mail:					
Phone # (optional): <u>918-807-0308</u> SUMMARY BALANCE INFORMATION:					
Line 1: Ending Balance from previous report					
Line 2: Total receipts this period (page 3, line 11) -O- Line 3: Subtotal (line 1 plus line 2) -O-					
				Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: NA					
Affidavit of Committee Treasurer: I certify that 1 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:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Candidate with Committee 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, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting 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 best of my knowledge and belief, a true and complete statement of all campaign finance activity, including 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 candidate in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:(Candidate's signature) Date:					

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)
	· ·		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS 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.

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SCHEDULE A: RECEIPTS (continued)

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS 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

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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
I		Line 12: Tatel Expanditures and \$50 (and internet in the second s		
		Line 12: Total Expenditures over \$50 (or listed above)		
1		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITI	URES IN THE PERIOD	

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

To Whom Paid Purpose of Expenditure Date Paid (alphabetical listing) Address Amount Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under* (not listed above)

SCHEDULE B: EXPENDITURES (continued)

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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 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
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	