Commonweat	Jan 02 2024 10:51am Office of	lunicipa	paign Finance Report I Form I Political Finance		
of Massachus Fill in Re	eporting Period dates: Beginning Date:	3/8/202	File with: City or Town Clerk or Election C 3 Ending Date:		
Type of I	Report: (Check one)				
🗌 8th day	y preceding preliminary Sth day preceding election	on 🗌 30 day	after election vear-end report dissolu		
<	STANLEY B. STARR. TR.				
	Candidate Full Name (if applicable)		Committee Name		
3	Office Sought and District		Name of Committee Treasurer		
	Residential Address		Committee Mailing Address		
E-mail: Phone # (opt	AVID STARR @ AOL, COM ional): 978-407-7100	E-mail: Phone # (optional):		
r none # (opt					
	SUMMARY BALA	ANCE INFO	RMATION:		
	Line 1: Ending Balance from previous report		0		
	Line 2: Total receipts this period (page 3, line	e 11)	0		
	Line 3: Subtotal (line 1 plus line 2)		0		
	Line 4: Total expenditures this period (page :	5, line 14)	\mathcal{O}		
	Line 5: Ending Balance (line 3 minus line 4)		0		
	Line 6: Total in-kind contributions this perio	d (page 6)	\square		
	Line 7: Total (all) outstanding liabilities (pag	ge 7)			
	Line 8: Name of bank(s) used: -SANTA	NDER			
Affidavit of	Committee Treasurer:				
I certify that activity, inclu	I have examined this report including attached schedules and it is, to the uding all contributions, loans, receipts, expenditures, disbursements, in ity of all persons acting under the authority or on behalf of this commit	n-kind contributions	and liabilities for this reporting period and represents the campai		
-	er the penalties of perjury:		(Treasurer's signature) Date:		
	NDIDATE FILINGS ONLY: Affidavit of Candidate: (chec	ck 1 box only)			
□ I certify activity,	ate with Committee that I have examined this report including attached schedules and it is of all persons acting under the authority or on behalf of this committed any liabilities nor made any expenditures on my behalf during this rep	e in accordance wi	th the requirements of M.G.L. c. 55. I have not received any cont		
I certify	ate without Committee that I have examined this report including attached schedules and it is activity, including contributions, loans, receipts, expenditures, disburs				

SCHEDULE A: RECEIPTS (continued)

ų,

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EX			URES IN THE PERIOD	

SCHEDULE B: EXPENDITURES (continued)

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

NONE

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)				