

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| 01 Massachuseus | File with: City or Town Clerk or Election Commission |
|--|---|
| Fill in Reporting Period dates: Beginning Date: | 01/2623 Ending Date: 05/01/2023 |
| Type of Report: (Check one) | |
| 8th day preceding preliminary 8th day preceding election | 30 day after election year-end report dissolution |
| n 1 . 1 · . 0 - 1 a | |
| Candidate, Full Name (if applicable) | Committee Name |
| Board of Health | |
| 134 Brockelman Rd. Laucaster, Ut | Name of Committee Treasurer |
| Residential Address E-mail: Mhaxler 25 Pyahoo.com | Committee Mailing Address E-mail: |
| Phone # (optional): | Phone # (optional): |
| rione # (optional). | Filotic # (Optional). |
| SUMMARY BALANC | CE INFORMATION: |
| Line 1: Ending Balance from previous report | |
| Line 2: Total receipts this period (page 3, line 11) | |
| Line 3: Subtotal (line 1 plus line 2) | |
| Line 4: Total expenditures this period (page 5, line | ue 14) |
| Line 5: Ending Balance (line 3 minus line 4) | |
| Line 6: Total in-kind contributions this period (pa | uge 6) 400.00 |
| Line 7: Total (all) outstanding liabilities (page 7) | |
| Line 8: Name of bank(s) used: | |
| Affidavit of Committee Treasurer: | |
| activity 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 c finance activity of all persons acting under the authority or on behalf of this committee in | contributions and liabilities for this reporting period and represents the campaign |
| Signed under the penalties of perjury: | Doto |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box | ox only) |
| | 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, g 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 | s, in-kind contributions and liabilities for this reporting period and represents the |
| Signed under the penalties of perjury: | (Candidate's signature) Date: 05/01/2023 |

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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 (alphabetical listing required) Amount (for contributions of light o | Occupation & Employer | | |
|--|-----------------------|--|--|
| | (\$200 or more) | | |
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| ine 9: Total Receipts over \$50 (or listed above) | | | |
| ing 10. Total Propiets \$50 and under* (not listed above) M. M. | | | |
| ine 10: Total Receipts \$50 and under* (not listed above) | | | |
| ine 11: TOTAL RECEIPTS IN THE PERIOD ← Enter on page 1, line 2 | | | |
| ine 11: TOTAL RECEIPTS IN THE PERIOD # 0,000 | | | |

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SCHEDULE A: RECEIPTS (continued)

| Name and Residential Address | | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---|---|--|--|
| Date Received | (alphabetical listing required) | Amount | (10r contributions of \$200 or more) |
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| Line 9: Total Recei | ipts over \$50 (or listed above) | # 0.00 | |
| Line 10: Total Rece | ipts \$50 and under* (not listed above) | \$ 6.00 | |
| Line 11: TOTAL I | RECEIPTS IN THE PERIOD | \$ 0,00 | ← 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.

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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

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|---------------------------------------|----------------------------------|-------------------------------------|---------|
| Date Paid | (aipnabetical listing) | Address | r at pose of Expenditure | Amount |
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| | | Line 12: Total Expenditures over | er \$50 (or listed above) | \$ 0.00 |
| | | | | |
| | | Line 13: Total Expenditures \$50 | and under* (not listed above) | \$ 0,00 |
| | Pa4- | Line 14. TOTAL EVDENDITE | IDES IN THE DEDION | \$ 00 |
| | Enter on page 1, line $4 \rightarrow$ | Line 14: TOTAL EXPENDIT | nould include only those expenditur | TO UI |

^{*} 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)

| * | To Whom Paid | | | |
|------------------|---------------------------------------|------------------------------------|---------------------------|---------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
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| | | Line 12: Expenditures over \$50 | 0 (or listed above) | \$0.00 |
| | | Line 13: Expenditures \$50 and | under* (not listed above) | \$ 0.00 |
| | Enter on page 1, line $4 \rightarrow$ | Line 14: TOTAL EXPENDIT | TURES IN THE PERIOD | # 0,00 |
| If you have item | | include them in line 12. Line 13 c | | |

^{*} 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 | | | |
|---------------|---|---------------------------------------|-----------------------------|-----------|--|--|--|
| 4/28/2023 | Kendra Olson Dickinson | 402 Detman Way Lancaster, MA 01523 | Yard signs | \$ 400,00 | | | |
| | Reaffor: Keller Williams | | | | | | |
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| | | Line 15: In-Kind Contributions | over \$50 (or listed above) | see above | | | |
| | Line 15: In-Kind Contributions over \$50 (or listed above) Gee above Line 16: In-Kind Contributions \$50 & under (not listed above) 40.00 Enter on page 1, line $6 \rightarrow$ Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | | | | |
| | Enter on page 1, line $6 \rightarrow$ | Line 17: TOTAL IN-KIND Co | ONTRIBUTIONS | # 460.00 | | | |

^{*} 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

 $M_sG.L.\ c.^*$ 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 |
|---------------|-------------|---------|---------|--------|
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