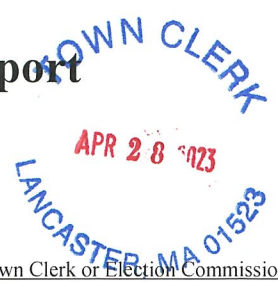




Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 04/28/2023

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Sara D. Williston

Candidate Full Name (if applicable)

Lancaster Finance Committee Member

Office Sought and District

4 Highfield Drive, Lancaster, MA 01523

Residential Address

E-mail: sarawilliston@gmail.com

Phone # (optional):

n/a

Committee Name

n/a

Name of Committee Treasurer

n/a

Committee Mailing Address

E-mail: n/a

Phone # (optional): n/a

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

n/a

Line 2: Total receipts this period (page 3, line 11)

12.00

Line 3: Subtotal (line 1 plus line 2)

12.00

Line 4: Total expenditures this period (page 5, line 14)

12.00

Line 5: Ending Balance (line 3 minus line 4)

0.00

Line 6: Total in-kind contributions this period (page 6)

0.00

Line 7: Total (all) outstanding liabilities (page 7)

0.00

Line 8: Name of bank(s) used: n/a

### 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: n/a

### 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: Sara D. Williston (Candidate's signature)

Date: 4/28/2023

## 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)
4/11/2023	Sara D. Williston 4 Highfield Drive, Lancaster, MA	12.00	
Line 9: Total Receipts over \$50 (or listed above)		12.00	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		12.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		12.00	

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.