

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 5	5 22 Ending Date: 6 9 22
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election year-end report dissolution
Cartlin TOWNYNU Candidate Full Name (if applicable) TVVV Planning Board Office Sought and District 41 Highland Road Norm NW 0265 Z Residential Address E-mail: Cartlin for 1980 gmail. (081) Phone # (optional): 774 366 0417	Committee to euch furthin forms to committee Name DUNULU SUY UND Name of Committee Treasurer PO BOX 645 N. WTO 67652 Committee Mailing Address E-mail: CUININ (OV MY) & GMAIL COM Phone # (optional): 774 316 6417
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	262.86
Line 2: Total receipts this period (page 3, line 11)	0.00
Line 3: Subtotal (line 1 plus line 2)	262.86
Line 4: Total expenditures this period (page 5, line	e 14) 247 86
Line 5: Ending Balance (line 3 minus line 4)	6.60
Line 6: Total in-kind contributions this period (page	ge 6) 0 .60
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	Mans Bank
Affidavit of Committee Treasurer: I certify 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 of finance activity of all persons acting under the authority or on behalf of this committee in a signed under the penalties of perjury: FOR CANDIDATE FILLINGS ONLY: Affidavit of Candidates (check I have	contributions and habilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 4822
Candidate with Committee Candidate with Committee 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 accincurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee	best of my knowledge and belief, a true and complete statement of all campaign finan 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.
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 liabilities for this reporting period and represents the

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)
ne 9: Total Receipt	s over \$50 (or listed above)	0.00	
ne 10: Total Receip	ts \$50 and under* (not listed above)	0.00	
ne 11: TOTAL RE	CEIPTS 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	and under* (not listed above)	0.00	
	TS IN THE PERIOD	0.01	- 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/3/22	Housing assistance	460 W-MOINST 12 yannis MA 07601	onahon	169.84\$
5/9/22	stop and snop	SUSMank painter was	hood + ovinks for euchon day	85.02\$
1430				
		Line 12: Total Expenditures over	er \$50 (or listed above)	254.86
		Line 13: Total Expenditures \$50		8.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		262.86

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	0.7			
	to the same			
9 4 4				
		Line 12: Expenditures over		
		Line 13: Expenditures \$50 a		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	DITURES 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
	1 (1)			
	9,099			
		Line 15: In-Kind Contribution	ons over \$50 (or listed above)	00.0
		Line 16: In-Kind Contribution	ons \$50 & under (not listed above)	0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	5.00

^{*} 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.

Page 6

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
				4
		ine 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0.00

Page 7