

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

1000 SOSTHUASUNTI: QQ 2001HNICK 10MM CTESK

or wassachuse		File with: City or Town Clerk or Election Commission			
Fill in Rep	Fill in Reporting Period dates: Beginning Date: JANUARY 1, 2021 Ending Date: MAY 3, 2021				
	Report: (Check one) preceding preliminary	30 day after election year-end report dissolution			
	Candidate Full Name (if applicable)  Office Sought and District  Residential Address	Southwick Democratic Town Committee Name  P.O. Box 976 Swk MA 01077  Name of Committee Treasurer  Tennifer Belden  Committee Mailing Address			
E-mail:	n.	E-mail:			
Phone # (option	onal):	Phone # (optional):			
	SUMMARY BALANC	E INFORMATION:			
	Line 1: Ending Balance from previous report	756.08			
	Line 2: Total receipts this period (page 3, line 11)	140.00			
	Line 3: Subtotal (line 1 plus line 2)	896.08			
	Line 4: Total expenditures this period (page 5, lin	150.00			
	Line 5: Ending Balance (line 3 minus line 4)	746.08			
	Line 6: Total in-kind contributions this period (pa	ge 6) Ø			
	Line 7: Total (all) outstanding liabilities (page 7)	$\phi$			
	Line 8: Name of bank(s) used: RevKShic	e Bank			
I certify that I I activity, includ finance activity		of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:			
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)			
I certify the activity, o		best of my knowledge and belief, a true and complete statement of all campaign finance 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 the	the without Committee that I have examined this report including attached schedules and it is, to the ctivity, including contributions, loans, receipts, expenditures, disbursements finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the scandidate in accordance with the requirements of M.G.L. c. 55.			
gned 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.)

Data Dassins 3	Name and Residential Address	A 4	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
, and a second s			
1			
1			
)			
Parallel			
1			
J			
ine 9: Total Receip	pts over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)	14000	1
me 10. Total Recel	pio 450 and under (not listed above)		
( M)			← Enter on page 1, line 2

<sup>\*</sup> 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 (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/26/21	Hanna h Putnam	5 RISING Corner SWK	Campaign signs	150°
		Line 12: Expenditures over \$50	(or listed above)	15000
		Line 13: Expenditures \$50 and	under* (not listed above)	<b>D</b>
		Line 14: TOTAL EXPENDIT		15000

<sup>\*</sup> 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 →	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	

<sup>\*</sup> 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



# 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: MAY	4, 2021 Ending Date: JUNE 10, 2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
Candidate Full Name (if applicable)	Southwick Domocratic Town Committee
Office Sought and District	P.O. Box 976 Swk. MA 01077
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1. Ending Polonge from provious report	7111 50
Line 1: Ending Balance from previous report	746.08
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	746.08
Line 4: Total expenditures this period (page 5, line	50.00
Line 5: Ending Balance (line 3 minus line 4)	696.08
Line 6: Total in-kind contributions this period (page	ge 6) <i>O</i>
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: BerKS	vice Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee)	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 692
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  I certify that I have examined this report including attached schedules and it is, to the l finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
OHI OCCURRENCE PROGRAMMENT AND A SECURIOR OF THE SECURIOR OF T			
. '			
	·		
<u> </u>			1
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ripts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	<i>A</i>	
fuen have itemized	receipts of \$50 and under include them in lin	0 Line 10 show	Enter on page 1, line 2

<sup>\*</sup> 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 (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/28	Southwick Public Library	95 Feeding Hills R. SWK	I Memory of. Suzanne Davis	50.00	
		Line 12: Expenditures over \$50	(or listed above)	50.00	
	Line 13: Expenditures \$50 and under* (not listed above)				
		Line 14: TOTAL EXPENDITU	_	50.00	

<sup>\*</sup> 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
Date Received	Trom whom received	Residential Address	Description of Contribution	V alue
7				
		Market Scotters on the contract of the contrac		
and the state of t				
			,	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	,
			1	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	DNTRIBUTIONS	

<sup>\*</sup> 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



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

O. Maddenadord	File with: City or Town Clerk or Election Commiss
Fill in Reporting Period dates: Beginning Date: JUN	NE 11, 2021 Ending Date: JANUARY 20, 2022
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
	Southwick Democratic Town
Candidate Full Name (if applicable)	Committee Name Committee Jennifer Beken
Office Sought and District	Name of Committee Treasurer P.O. BOX 976 SWK, MA 01077
Residential Address E-mail:	Committee Mailing Address E-mail: 12001ehrd@comcast.net
Phone # (optional):	Phone # (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	1091018
Line 2: Total receipts this period (page 3, line 1)	50.00
Line 3: Subtotal (line 1 plus line 2)	746.18
Line 4: Total expenditures this period (page 5, li	line 14) (392.77)
Line 5: Ending Balance (line 3 minus line 4)	354.08
Line 6: Total in-kind contributions this period (p	(page 6)
Line 7: Total (all) outstanding liabilities (page 7	7)
Line 8: Name of bank(s) used:	hire Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:	nd contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 11920
1 1 2	the best of my knowledge and belief, a true and complete statement of all campaign finan accordance with the requirements of M.G.L. c. 55. I have not received any contributions
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, disbursement campaign finance activity of all persons acting under the authority or on behalf of the second contributions.	
S:   _	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.)

Data Dassi	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
To application of the second o			
		][	][
		 اا	
		Transferror response	
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)	50 00	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	5000	Enter on page 1, line 2
			ald include only those receipts not itemized above.

<sup>\*</sup> 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
6/29/21	Hannah	5 Rising Corner SWK, MA 01077	Campagn Expenditures	15000
12/1/21	Nancy Zdun	14 Jeffrey CIR SWK, MA 01077	Reinbursenent PO Bexpayment	6200
12/7/21	Jennifer Belden	8 North Longyard Swk, ma 01077	Reinbursement, Ma State Convention	18000
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	39200

<sup>\*</sup> 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	,		
Line 9: Total Receipts 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

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