		ipal Fo			
Commonwealth	Office of Campai	gn and Politic	al Finance		ond zozinelswi Tilhmick lonn c
of Massachusetts			File with		k or Election Commission
Fill in Reporting Period dates: Beginni	ng Date: JANUARY	1, 2021	Ending Date:	MAY 3, 2021	
Type of Report: (Check one)					
■ 8th day preceding preliminary	eceding election	30 day after el	ection	year-end report	dissolution
Chelsen Deborah Berr	7.0	TENOO	naidh	(DO EDDA)	CHORE &
Candidate Full Name (if applicable)	mbec	- White was	Com	mittee Name	CB
Office Sought and District			Name of Co	ommittee Treasurer	
Residential Address	thwick, MA		Committee	e Mailing Address	
E-mail: Berry 4 Education @Gr		-mail:			
Phone # (optional): $413 - 977 - 2879$	<u>I</u>	hone # (optional):			
SUMMA	ARY BALANCE I	NFORMA	ION:		
Line 1: Ending Balance from pre	evious report		Ø		
Line 2: Total receipts this period	(page 3, line 11)		\$149.	20	
Line 3: Subtotal (line 1 plus line	2)		\$149.	20	
Line 4: Total expenditures this p	eriod (page 5, line 14	4)	\$149.2	20	
Line 5: Ending Balance (line 3 m	ninus line 4)		Ø		
Line 6: Total in-kind contribution	ns this period (page 6	5)	Ø		
Line 7: Total (all) outstanding lia	abilities (page 7)		Ø		
Line 8: Name of bank(s) used:	COLOCECTOR OF	soato c	2		

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)

## 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

T 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:

(Candidate's signature)

Date:

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/27/21	Chelsen Berry 106 Coes Hill Rd	\$149.20	
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	\$149.20	← 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)**

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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 Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	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.

# **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
4/27/21	Southwoods Signs	Glo College Highwa Southwick, MA	y Signs	149.20
		Line 12: Total Expenditures over	er \$50 (or listed above)	149,20
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	149.20

\* 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
			] 	
	L	Line 12: Expenditures over \$50	(or listed above)	
				[] []
		Line 13: Expenditures \$50 and u		[]
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES 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*	<b>Residential Address</b>	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 $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

\* 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.

# SCHEDULE D: LIABILITIES

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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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	I] DING LIABILITIES (ALL)	

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Commonwealth Mun	Campaign Finance Report icipal Form paign and Political Finance
of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 5	Ending Date: <u>6/10/2021</u>
Type of Report: (Check one)	
	3 day after election vear-end report dissolution
8th day preceding preliminary 8th day preceding election	3 day after election  year-end report  dissolution
Chelsen Deborah Berry	N/A
Candidate Full Name (if applicable)	Committee Name
Southwick School Committee	
Office Sought and District 106 Coes Hill Rd	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: Berry Y Education Dogmail. Com	E-mail:
Phone # (optional): 413 - 977 - 2879	Phone # (optional):
SUMMARY BALANC	F INFORMATION.
SUMMARI DAMANC.	
Line 1: Ending Balance from previous report	$\square$
Line 2: Total receipts this period (page 3, line 11)	CB \$106.25

Line 3: Subtotal (line 1 plus line 2)	$\square \phi$
Line 4: Total expenditures this period (page 5, line 14)	\$ 106.25
Line 5: Ending Balance (line 3 minus line 4)	$\square$
Line 6: Total in-kind contributions this period (page 6)	$\bigcirc$
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	

### 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:

## FOR CANDEDATE FELINGS 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, disbussements, 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:

(Candidate's signature)

(Treasurer's signature)

Date:

Date:

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# **SCHEDULE A: RECEIPTS**

M.G.L. c. 55<sup>°</sup> 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)
5/6/21	Chelsen Berry 106 Coes Hill Rd	\$106.25	Teacher Longmendow Public School
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		)
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	CBE	\$ 106,25 Enter on page 1, line 2

\* If you have itenuized 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	pts over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	Ø	← 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 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
1 1	Southwoods	GOD College	Large Sign	
5/10/21	Printing + Signs	GID College Highway Southwich MADIOT		106.25
	Particular and a second s			
		Line 12: Total Expenditures over	r \$50 (or listed above)	\$106.25
		Line 13: Total Expenditures \$50 a	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	\$106.25

\* 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

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# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Construction of the second		terge Sign	
	FilificEy Ligas			
ang ng katang Kanang				
and a second				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES 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.

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# 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
			e e e e e e e e e e e e e e e e e e e	
		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  $6 \rightarrow$  Line 17: TOTAL IN-KIND CONTRIBUTIONS

\* 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 addr of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. Page 6

은 가는 것 같아요. 또한 것 같아요. 것 같아요. 한 것 같아요. 한 것이 가지 않는 것이 같아요. 한 것이 가지 않는 것이 가지 않는 것이 있다. 것 같아요. 이 같이 있다. 같이 같이 같아요. 이 가지 한 것은 것 같았는 것을 가지 않는 것이 가지 하는 것이 같아요. 것 같아. 것은 것 같아. 것 같아요. 같이 있는 것 같아. 같이 같이 같아. 같이 같이 같이 같이 같아. 같이 같아. 같이

이었다. 사고 1999년 1월 1999년 1월 1999년 1월 1999년 1월 1999년 1월 1999년 1월 1990년 1월 1990년 1월 1997년 1월 1997년 1월 1997년 1월 1997 - 1997년 1월 1 - 1997년 1월

# **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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	Ø

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	Municipa		Report SGITTWDASHTZOZ C WEID NHOL XOINHL	
of Massachusetts		File with: Ci	ity or Town Clerk or Election Commissio	<u>)n</u>
Fill in Reporting Period dates: Beginning Date:	JAN 1, 202	Ending Date: /	MAY 3, 2021	
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding elec	tion 30 day	v after election year	-end report dissolution	
<u>TERRY HANNAH PUTNAM</u> Candidate Full Name (if applicable) <u>TOWN BOARD OF HEALTH</u> Office Sought and District <u>5 RISING CORNER RD SOUTHWICK, MA</u> Residential Address E-mail: <u>hannahput @ yahoo. Com</u> Phone # (optional): <u>413-569-9283</u>	JE 010778 1	Committe NNIFER BELDO Name of Comm NORTH LONG YAR Committee Mai Jennie bird @ Ci	N ittee Treasurer D <u>, SOUTHWICK, MA</u> illing Address	<u>+</u> - -
SUMMARY BAI	LANCE INFO	RMATION:		
Line 1: Ending Balance from previous repo Line 2: Total receipts this period (page 3, li		<u> </u>	<u>0</u> 16. 40	
Line 3: Subtotal (line 1 plus line 2)		4/.	6. 40	
Line 4: Total expenditures this period (page	e 5, line 14)	4/6	5.40	
Line 5: Ending Balance (line 3 minus line 4	4)		0	
Line 6: Total in-kind contributions this peri	od (page 6)		0	
Line 7: Total (all) outstanding liabilities (pa	ige 7)		0	
Line 8: Name of bank(s) used:				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to activity, including all contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this comm Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che	in-kind contributions nittee in accordance w	and liabilities for this reporting per	riod and represents the campaign	_ _ _
Candidate with Committee I certify that I have examined this report including attached schedules and it activity, of all persons acting under the authority or on behalf of this commit incurred any liabilities nor made any expenditures on my behalf during this r	tee in 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 finance activity, including contributions, loans, receipts, expenditures, disbur campaign finance activity of all persons acting under the authority or on behavior	rsements, in-kind cont	ributions and liabilities for this rep	orting period and represents the	
Signed under the penalties of perjury: <u>Hannah Putna</u>	<u>m</u>	(Candidate's signature)	Date: $5/2/21$	-



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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.

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(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)
4-26-21	Jenni fer Belden for Southwick Democratic	\$150	Treasurer
	Town Committee 8N North Longyard		
	Southwick, MA 01077		
5-2-21	Hannah P. Potnam 5 Pisin, Corner Ril		
	Sou think & MA	\$266.40	Field Surveyor TJC, I Renaissance Blud
			Oakbrook Terrace, IL
Line 9: Total Receipts over \$50 (or listed above)		416,40	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	416,40	← 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 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 F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

## SCHEDULE A: RECEIPTS (continued)

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\* 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 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
3-31-21	Southwoods Signs	610 College Highung Southwick NA 01077	Yourd Signs (20)	289,17
4-26-21	Southwoods Signs	Same	Yad Signs (10)	127.29
		Line 12: Total Expenditures ove	er \$50 (or listed above)	416.40
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	416 40

\* 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

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				P
			\ <u></u>	
		 		[]
		Line 12: Expenditures over \$50		
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	

# SCHEDULE B: EXPENDITURES (continued)

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\* 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 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
Non	R			
hangan an a		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

\* 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.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
	None			
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

	For		Muni	icipal	paign Fi   Form   Political Final		ort	Roy, costo
Commonwe of Massachu								
Fill in R	eporting Period dates:	Beginning Date:	JUNE 1	1, 2021	Ending	Filewith: City or Town   Date: JANUARY 2		
Type of	Report: (Check one)							
	y preceding preliminary	8th day preceding elec	ction	] 30 day	after election	X year-end repo	rt 🗌 dis	ssolution
TER	RY (HANNAH) PUT Candidate Full Name (if a N BOARD OF HE	· · · ·				Committee Name		
	Office Sought and D	vistrict			Na	me of Committee Treasur	rer	
1	<u>NGCORNER RD, Sour</u> Residential Addre annahputeyahoo.	ess	10'1'/	E-mail:	C	ommittee Mailing Addres	S	
	tional): 413-569-928	3		Phone # (o	ptional):			
							······	
		SUMMARY BA	LANCE	INFO	RMATION:			I
	Line 1: Ending Balance	e from previous rep	ort		-26	6.40		
	Line 2: Total receipts	this period (page 3, 1	line 11)			D		
	Line 3: Subtotal (line	l plus line 2)				6		
	Line 4: Total expendit	ures this period (pag	ge 5, line	14)		D		
	Line 5: Ending Balance	e (line 3 minus line	4)		-26	6.40		
	Line 6: Total in-kind c	contributions this per	riod (page	e 6)				
	Line 7: Total (all) outs	standing liabilities (p	bage 7)					
	Line 8: Name of bank	(s) used:						
I certify that activity, inclu finance activ	Committee Treasurer: I have examined this report including a uding all contributions, loans, receipts, o ity of all persons acting under the autho er the penalties of perjury:	expenditures, disbursements	s, in-kind con nmittee in acc	ntributions a cordance wi	and liabilities for thi ith the requirements	s reporting period and rep of M.G.L. c. 55.	presents the car	
FOR CAN	NDIDATE FILINGS ONLY:							
$\Box_{activity,}^{I certify}$	ate with Committee that I have examined this report includ of all persons acting under the authorit any liabilities nor made any expenditu	y or on behalf of this comm	ittee in accor	rdance with	the requirements of	M.G.L. c. 55. I have not		
I certify finance	ate without Committee that I have examined this report includi activity, including contributions, loans, in finance activity of all persons acting	receipts, expenditures, disbu under the authority or on be	oursements, in chalf of this ca	n-kind contr andidate in	ibutions and liabilit accordance with the	ies for this reporting perior e requirements of M.G.L.	od and represe c. 55.	nts the
Signed unde	er the penalties of perjury: <u>H</u>	unah Pulne	im_		(Candidate	's signature)	: 1/20	122

# **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)
		Ó	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← 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)

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		0	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	0	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
				$\bigcirc$
		[		
		[		
		[]		
		L		
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	) and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

\* 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)

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				$\Omega$
				J
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 EXPENDITURES 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*	<b>Residential Address</b>	Description of Contribution	Value
			[	
נ		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	$\boxed{\bigcirc}$

\* 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.

# **SCHEDULE D: LIABILITIES**

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8.7

*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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

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