

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk of	or Election Commission			
Fill in Reporting Period dates: Beginning Date: 3/19/21 Ending Date: 41/2,	2021			
Type of Report: (Check one)	- 4			
8th day preceding preliminary	dissolution			
Liva Jane Landy  Candidate Full Name (if applicable)  Town Clerk Rockland  Office Sought and District  Committee To Elect Liza I  Committee Name  Committee Name  Committee Name  Committee Treasurer  Name of Committee Treasurer	andy			
40 Linvoid Terrore Rochland Ma 40 Linwood Terrore Ro	octiland Ma			
Residential Address 07370 Committee Mailing Address  E-mail:				
Phone # (optional):  Phone # (optional):				
SUMMARY BALANCE INFORMATION:				
Line 1: Ending Balance from previous report  O. OO				
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 14)				
Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this period (page 6)				
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used: Rochland Trust				
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 calcivity, including all contributions, loans, receipts, expenditures, disbursements in kind contributions and liabilities for this reporting period and represents the 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:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)				
Candidate with Committee and no activity independent of the 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 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 incurred any liabilities nor made any expenditures on my behalf during this reporting period.				
Candidate without Committee OR Candidate with independent activity filing separate report  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 finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and recampaign 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: Date: 4/	10/0/			

#### 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)
3/19/21	serry Callahan 83 5. Douglas St. Roctilonal	\$50.00	
		:-	
		\$ 50.00	
	ipts over \$50 (or listed above) ipts \$50 and under* (not listed above)	0 70,00	
ine 11: TOTAL 1	RECEIPTS IN THE PERIOD	\$ 50.00	← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	( 1		
			46.1
			11-9-14
	>		
e 9: Total Receipts	s over \$50 (or listed above)		
e 10: Total Receipt	ts \$50 and under* (not listed above)		
e 11: TOTAL RE	CEIPTS IN THE PERIOD	<b>←</b>	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**

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.)

	To Whom Paid	4 77-	D. CE W	<b>A</b> 4	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				L	
	^				
	1				
				<u></u>	
		Line 12: Total Expenditures or	ver \$50 (or listed above)		
	-				
		Line 13: Total Expenditures \$50 and under* (not listed above)			
	-				
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD		

<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.

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

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				<u></u>	
	199				
		L			
	Line 12: Expenditures over \$50 (or listed above)				
	Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on marc 1 time A =	Line 14: TOTAL EXPENDIT	DEC IN THE DEDIOD		
		include them in line 12: I inc 12 sh			

<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 $6 \rightarrow$	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.

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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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

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