

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI IVIDSUCITOSOCIO	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	5/10/21 Ending Date: 1/8/72
Type of Report: (Check one)	, and the second
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable) Candidate Full Name (if applicable) Cown Clert Roctland Office Sought and District 40 Linwood Terrace Roctland, Ma.073 Residential Address E-mail: Phone # (optional):	Committee to Elect Live Landy Committee Name Danie Landy Name of Committee Treasurer 40 Linwood Terrole Rockland Ma 07370 Committee Mailing Address E-mail: Phone # (optional):
SIMMADV RALAN	ICE INFORMATION:
SOMMANT BADA	CE INTORNATION.
Line 1: Ending Balance from previous report	\bigcup
Line 2: Total receipts this period (page 3, line 1	1) 0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, l	ine 14)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7	\mathcal{O}
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 be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: //3/22
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to tactivity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reportice. Candidate without Committee	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report.
	the best of my knowledge and belief, a true and complete statement of all campaign nts, in-kind contributions and liabilities for this reporting period and represents the this andidate in accordance with the requirements of M.G.L. c. 55. 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)		
	0.50 (-1:4-1-1-)				
Line 9: Total Rece	ipts over \$50 (or listed above)	0			
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0			
	(
ine 11: TOTAL I	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 A: RECEIPTS (continued)

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	
ne 10: Total Receip	ts \$50 and under* (not listed above)	0	
ne 11: TOTAL RE	CEIPTS 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.)

	To Whom Paid	mmittee name and a page number on each page.)		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
		T. 10 F. 15	000001111	
Line 12: Total Expenditures over \$50 (or listed above)				
		Line 13: Total Expenditures \$50 and under* (not listed above)		
Ellie 15. Total Experiences \$50 and under (not listed above)			<u> </u>	
	Enter on page 1 line $4 \rightarrow$	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	$\overline{\Omega}$

^{*} 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(upununununununununununununununununununu			
		Line 12: Expenditures over \$50 (or listed above)		
		Line 13: Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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.

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 →	6 → 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 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	To Whom Due Address		Amount	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0	

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