Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

TOWN CLERK, ROCKLAND
APR 5 '22 PM 3:22

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: _____

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Allison Sullivan
Candidate Full Name (if applicable)

Treasurer - Town of Rockland
Office Sought and District

154 Union St. Rockland MA 02370
Residential Address

E-mail: a6sullivan@gmail.com

Phone # (optional): 781 · 831 · 5766

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	Ø
Line 2: Total receipts this period (page 3, line 11)	Ø
Line 3: Subtotal (line 1 plus line 2)	Ø
Line 4: Total expenditures this period (page 5, line 14)	$573.75
Line 5: Ending Balance (line 3 minus line 4)	$573.75
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	
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: _____ (Treasurer's signature) Date: _____

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**
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, 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: Allie Sullivan (Candidate's signature) Date: 4/5/22

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	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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

	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**	

* 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 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)** Ø

L·A·N·E
PRINTING & ADVERTISING

210 South Franklin Street
Holbrook, MA 02343

Invoice

Date	Invoice #
3/29/2022	30643

Bill To	Ship To
ALLISON SULLIVAN 154 UNION ST ROCKLAND, MA 02370	

P.O. Number	Terms	Due Date
	Net 30	4/28/2022

Quantity	Description	Amount
100	LAWN SIGNS- 25 X18, FULL COLOR, TWO SIDED WITH STAKES	540.00T

All late payments will be charged 1.5 percent per month*

Subtotal	$540.00
Sales Tax (6.25%)	$33.75
Total	$573.75
Payments/Credits	$0.00
Balance Due	$573.75

Phone #	Fax #	E-mail	Web Site
781-767-4450	781-767-4460	jackie@laneprint.com	www.laneprint.com

Paid April 1, 2022