

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| of Massachusetts | | | File with: City | or Town Clerl | k or Electi | ion Commission |
|--|--|--|---|-----------------------|--------------|----------------------|
| Fill in Reporting Period dates: Beginning Date: 3- | 30-2 | 2 Ending I | Date: | 1250 | T-2 4 | 1-19-22 |
| Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election | 30 day af | ter election | year-er | nd report | dis | solution |
| SHERRIA JALLE Candidate Full Name (if applicable) POARD of SEWER CANCILISTIONER Office Sought and District 411 POAD ST ROCKLAND Residential Address E-mail: 5KBAGN (2) YATTOO. CONT. | | JONE | me of Committe 5 - / 9 committee Mailin | ee Treasurer | | |
| SUMMARY BALANC | E INFOR | MATION: | | | | |
| Line 1: Ending Balance from previous report | | | 265- | | | |
| Line 2: Total receipts this period (page 3, line 11) | | | 311 45 | |] | |
| Line 3: Subtotal (line 1 plus line 2) | | | 576 45 | | | |
| Line 4: Total expenditures this period (page 5, line | e 14) | | 256 45 | | | |
| Line 5: Ending Balance (line 3 minus line 4) | | Ų | 320- | | | |
| Line 6: Total in-kind contributions this period (page | ge 6) | | 0 | | | |
| Line 7: Total (all) outstanding liabilities (page 7) | | | 606- | | | |
| Line 8: Name of bank(s) used: ROCHLAND FE | XERAL (| REDIT C | DISION | | | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, distursements, in-land of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box | ontributions and | l liabilities for this | of M.G.L. c. 55. | d and represen | nts the can | gn finance npaign |
| Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the 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 | cordance with the period that are n | e requirements of not otherwise discl | M.G.L. c. 55. I losed in this repo | have not rece ort. | ived any o | contributions, |
| I certify that I have examined this report including attached schedules and it is, to the | pest of my know | heage and belief, | a true and comp | nete statement | . or all car | npaign |

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.

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) |
|---------------------|--|--------|--|
| 4-9-22 | SHERRI VALLIE | 156 45 | LOAN |
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| Line 9: Total Rece | ipts over \$50 (or listed above) | | |
| Line 10: Total Rece | eipts \$50 and under* (not listed above) | 55- | |
| Line 11: TOTAL | RECEIPTS IN THE PERIOD | 3/145 | Enter on page 1, line 2 |

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 |
|-----------|-------------------------------------|-----------------------------|------------------------------------|--------|
| 4-9-22 | CMINA PLAZA | MARKET ST | VICTORY PARTY | 256 45 |
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| | 1 | 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 EXPEND | ITURES IN THE PERIOD | 256 45 |

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 |
|---------------|---------------------------------------|--|-----------------------------|-------|
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| | | 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 $6 \rightarrow$ | ne 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

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 |
|---------------|---------------|-------------|-----------------|--------|
| | SHEARI VALLE | 411 PONSST | | |
| 3-20-22 | JHERKI VALLE | 411 100 557 | CANDIDATE COARS | |
| 4.9.22 | SHERHI VACLIE | 41110005 | CAND LOAD, NIER | 256 45 |
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