

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	24/2025 Ending Date: 4//2/2025
Type of Report: (Check one)	
8th day preceding preliminary	☑ 30 day after election ☐ year-end report ☐ dissolution
man and and	
Candidate Full Name (if applicable)	Committee to Elect MARY Parsing
NOCKIANU Select BOARI)	DANA R. PARSONS
Office Sought and District 764 UNION St. ROCKLAND MA 02370	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: MORYA PAYSONS & YERIZON. NET	E-mail:
Phone #: -181 - 871 - 3350	Phone #: 781-871-3350
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$500.88
Line 2: Total receipts this period (page 3, line 12)	¥37. 18
Line 3: Subtotal (line 1 plus line 2)	\$538.06
Line 4: Total expenditures this period (page 5, line 15	3.83.17
Line 5: Ending Balance (line 3 minus line 4)	#154.89
Line 6: Total in-kind contributions this period (page 6	5, line 18)
Line 7: Total (all) outstanding liabilities (page 7, line	19)
Line 8: Total out-of-pocket expenses this period (page	8, line 22)
Line 9: Name of bank(s) used: MOUNTAI	N ONE BANK
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, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)
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 a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne 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, ag 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the nis candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: May a Paramo	(Candidate's signature) Date: 5/08/2005

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/07/2025	VistaPRINT HAYDEN AV. Lexington MA	37./8	Money Returned From printing
	ř.		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	-		
	pts over \$50 (or listed above) pts \$50 and under (not listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
	ECEIPTS IN THE PERIOD	\$37.18	itemized above. ← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		95 HAY DEN AVE.	CAMPAFIGN	
4/01/2025	VistAPRINT & 62-207-49	& Lexington MA	LiteRATURE	100.22
	826-207-4965		Compaign	
4/01/2000	VistaPRINT	Lexington, MA 02370	Literature	38-25
Ck# 103	Tioke Silkscren4		ULRO STANDS FOR	
4/01/2025	lione silksomia	83 E. WATER St. ROCKLAND	Campaign Signs	₹7.50
7/01/200				7.00
11/01/05	ChiNA PIAZA	MARKET ST.	FOOD SOR	02/60
4/14/25		ROCKIAM, MA 62370	campaign worker	236.00
			2	

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				#
				1==
				4
				Ш
	temized expenditures of \$50	Line 13: Expenditures over \$50 (or listed above)		383.17
and under, include them in line 13. Line 14 should include only those expenditures not				II
itemized above.		Line 14: Expenditures \$50 and	under (not listed above)	
	Enter on mage 1 line 4 -	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have	itemized in-kind contributions of	Line 16: In-Kind Contributions over	er \$50 (or listed above)	
\$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 17: In-Kind Contributions \$50 and under (not listed above)		
Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD				

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
	nized Out-Of-Pocket Expenditures \$50 and re)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	