

# 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: 03-	25-25 Ending Date: 05-12-25				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☑ dissolution				
Jacqueline E Tieso	Committee to Elect Jacqueline Tieso				
Candidate Full Name (if applicable)  Select Board	Committee Name Sharon Mitchell				
Office Sought and District 455 Webster Street, Rockland, MA 02370	Name of Committee Treasurer 455 Webster Street, Rockland, MA 02370j				
Residential Address E-mail: jmaisydaisy@gmail.com	Committee Mailing Address E-mail: none				
Phone #: 339-788-7909	Phone # : 781-363-6619				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	348.75				
Line 2: Total receipts this period (page 3, line 12)	150.00				
Line 3: Subtotal (line 1 plus line 2)	498.75				
Line 4: Total expenditures this period (page 5, line 15	498.75				
Line 5: Ending Balance (line 3 minus line 4)	0.00				
Line 6: Total in-kind contributions this period (page 6	5, line 18) 0.00				
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0.00				
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0.00				
Line 9: Name of bank(s) used: Mountain One	Bank				
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:    Date: 5//3/2025					
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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the companion of the committee.	nts, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: Jayunh lies	(Candidate's signature) Date: 5/12/25				

#### **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 o \$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.

1 6	Name and Residential Address	- Commission	orane and a page number on each additional page.  Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
03-25-25	James Hansen 114 Pond Street Rockland, MA 02370	50.00	
03-26-25	Grant Mongardi 471 Webster Street Rockland, MA 02370	100.00	

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Rece	ipts over \$50 (or listed above)	150.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rece	ipts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD	150.00	← 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
04-11-25	Home Depot	1149 Hingham Street Rockland, MA 02370	Election Day Supplies	82.81
03-22-25	Vistaprint	Online order 275 Wyman Street Waltham, MA 02451	Custom Design Fee: Door Hangers	10.00
05-10-25	Rockland Emergency Food Pantry	12 Church Street Rockland, MA 02370	Charitable donation of excess campaign funds	405.94
De vice and				

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		100000000000000000000000000000000000000	15-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7	
* If you have	itemized expanditures of \$50	T. 10 F. 11.	( 1' · 1 1 · )	400.75
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50	(or listed above)	498.75
should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above)				
itemized above.				
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD 498.75			498.75	

### 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 include the candidate or committee name and a-page number on each additional page.

	or committee name and a-page number on	each udditional page.		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
1.70				
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not Line 17: In-Kind Contributions \$50 and under (not listed above)		Line 16: In-Kind Contributions over \$50 (or listed above)		
	itemized above.			0.00
Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD 0.00				

### **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 (ALI)	0.00

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### 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 bages 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
(or listed above) Line 21: Total Uniten	ed Out-Of-Pocket Expenditures Over \$50 nized Out-Of-Pocket Expenditures \$50 and		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abov	e) OF-POCKET EXPENDITURES IN THE PERIOD	0.00	itemized above.  ← Enter on page 1, line 8