



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: 1/1/25 Ending Date: 9/4/25				
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
	Committee Name Name of Committee Treasurer CONCOT ST COLLANS AA Committee Mailing Address -mail: ZONE 859 © CS. COM hone #: 60 - 830 - 1298			
SUMMARY BALANCE INFORMATION:				
Line 1: Ending Balance from previous report	Ø			
Line 2: Total receipts this period (page 3, line 12)	340			
Line 3: Subtotal (line 1 plus line 2)	*340			
Line 4: Total expenditures this period (page 5, line 15)	Ø.			
Line 5: Ending Balance (line 3 minus line 4)	\$340			
Line 6: Total in-kind contributions this period (page 6, line	18) Ø			
Line 7: Total (all) outstanding liabilities (page 7, line 19)	Ø			
Line 8: Total out-of-pocket expenses this period (page 8, lin	ne 22) Ø			
Line 9: Name of bank(s) used: [CoclUand Trust				
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, dishursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on brush of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) 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:(Candidate's signature)				

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)
9/4/25	42 Plain St. Nockand	\$100	
914/25	Patricia Foley 03 Pochment St., Rockland	950	