

Carlo Ca	Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance le with: ty or Town Clerk or Election Commission Please print or type all information, except signatures.
Fi	le with: ty or Town Clerk or Election Commission Please print or type all information, except signatures.
-	Fill in dates: Reporting Period Beginning 10 21 Ending 12 31
	Type of report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
	Ryan monoth Full Name of Candidate (If applicable) Office Sought and District 17 Mashall St Residential Address Filmourg MA 61420 Tel. No. (optional) Tel. No. (optional)
	SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Summary BALANCE INFORMATION: \$ 52.19

SUMMARY BALANCE INFORMATION Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4)	\$ 52.19 \$ \$ \$ \$ \$ \$ \$ 52.19
Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Rankhorth MA	\$ \$

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. Affidavit of Committee Tressurer: Signed under the penalties of perjury:

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

ĺ	Afgdavit of Candidate: (check 1 box only)
l	In a control of the control of the committee
ı	So A to the state of the state
Į	I certify that I have examined this report including anather schedules and his committee in accordance with the requirements of M.O.L. c. 55. I have not received any finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.O.L. c. 55. I have not received any
i	contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
١	contributions, incurred any magnifices nor made any experiences out my bester daring and open mig persons
ı	Candidate without Committee OR Candidate with independent activity filing separate report
۱	The state of the s
l	The state of the s
ı	finance activity, including commoditions, loans, receipts, experiments of or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
١	
l	Signed under the penalties of perjury:
ı	1 1 1/1 - 1/1

Treasurer's signature (in ink)

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 stemize 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.

This page may be copied 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)	Amoun	t Occupation & Employer (for contributions of \$200 or more)
			·
		•	
	•		
Line 9:	Total receipts in excess of \$50 (or listed above)	 	
Line 10:	Total receipts \$50 and under* (not listed above) 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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			,	
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•				,
· · · · · · · · · · · · · · · · · · ·				
<u></u>		Line 15:	In-kind over \$50	
•		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: '	Total In-kind	15

^{*} 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 of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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
<u> </u>	Enter on page 1, line 7	Line 18: OUTSTANDING LI	ABILITIES (ALL)	10)

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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