

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Gliq 30 33 Ending Date: 10 30 33
	ction 30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Committee Name
Saugus Schol Cummittee Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BA	LANCE INFORMATION:
Line 1: Ending Balance from previous repo	ort San Da
Line 2: Total receipts this period (page 3, 1	line 11)
Line 3: Subtotal (line 1 plus line 2)	O
Line 4: Total expenditures this period (pag	ge 5, line 14).
Line 5: Ending Balance (line 3 minus line	4)
Line 6: Total in-kind contributions this per	riod (page 6)
Line 7: Total (all) outstanding liabilities (p	page 7)
Line 8: Name of bank(s) used:	
	to the best of my knowledge and belief, a true and complete statement of all campaign finance s, in-kind contributions and liabilities for this reporting period and represents the campaign unitee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (cl	heck 1 box only)
	it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance littee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
finance activity, including contributions, loans, receipts, expenditures, disbu	y filing separate report Ens, to the best of my knowledge and belief, a true and complete statement of all campaign ursements, in-kind contributions and liabilities for this reporting period and represents the half of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periory:	(Candidate's signature) Date: 10 20 (2)

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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ine 10: Total Rece	ipts \$50 and under* (not listed above)	* 1 1	
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ine 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			d include only those receipts not itemized above.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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		3	
Line 9: Total Rece	ipts over \$50 (or listed above)		·
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD		← 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 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

Date Paid	To Whom Paid (alphabetical listing)	Addraga NOV - 3	APurpose of Expenditure	Amount
7	(arphabeteur noting)	Address Hove	A supplied in Expenditure	Amount
		TOWN CLERK	S OFFICE	
		TOWN OF SAU	BUS, MASS.	
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		Line 12: Total Expenditures over	r \$50 (or listed above)	<u>, , , , , , , , , , , , , , , , , , , </u>
Line 12, Total Engage diameter 650 and and 4 (and the day)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PEDIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

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		ID: 12	Ö	
,				
	Line 12: Expenditures over \$50	(or listed above)		
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and to the total transfer of the transfer of the total transfer of the transfer of the transfer of the total transfer of the transfer of the transfer of the tran	Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under* (not listed above)	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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 on page 1.

		2023 NOV -3 A 10: 12		
Date Received	From Whom Received*	Desidential Address	Description of Contribution	Value
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		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	L	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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.

Page 6

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.

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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town/Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 1/3/3
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable) Chan Her Office Sought and D(strict)	Committee Name Name of Committee Treasurer
64 HOREST ST SAVOUS MAS	1406 39 = m
E-mail: Chalbuy 118 na ma Con	E-mail:
Phone # (optional):	Phone # (optional):
CYTHOLONY	E INTODIKA MYON
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
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 c finance activity of all persons acting under the authority or on behalf of this committee in a 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 box	x only)
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	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Cardidate without Committee Certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting functions authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the scandidate in accordance with the requirements of M.G.L. c. 56.//
Signed under the penalties of periury	(Candidate's signature)

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.)

eport an receipts. Pi	lease include your committee name and a p	age number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under, include them in lin	ne 9/ Line 10 shou	Ild include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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S. William	20.2 10.0 10.0 10.0 10.0 10.0 10.0 10.0		
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)	.)	
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
11 you have itemized	receipts of \$50 and under, include them in lin	e 9./Line 10 shoul	Id include only those receipts not itemized above.

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

eport 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
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		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	J and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
			hould include only those expenditure	4

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	
		X1 40 D		
		Line 13: Expenditures \$50 and to	under* (not listed above)	
	Enter on page 1 line 1 -	Line 14: TOTAL EXPENDIT	HRES IN THE PERIOD	
			hould include only those expenditure	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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 on page 1.

D (D)		D-11-(11411		X7-1
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 →	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 of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

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
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	- W.			
	EIVED A 10:21 K's OFFICE USUS, MASS.			
	TOWN CLERITOWN OF SAU			

ine 18: TOTAL OUTSTANDING LIABILITIES (ALL

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