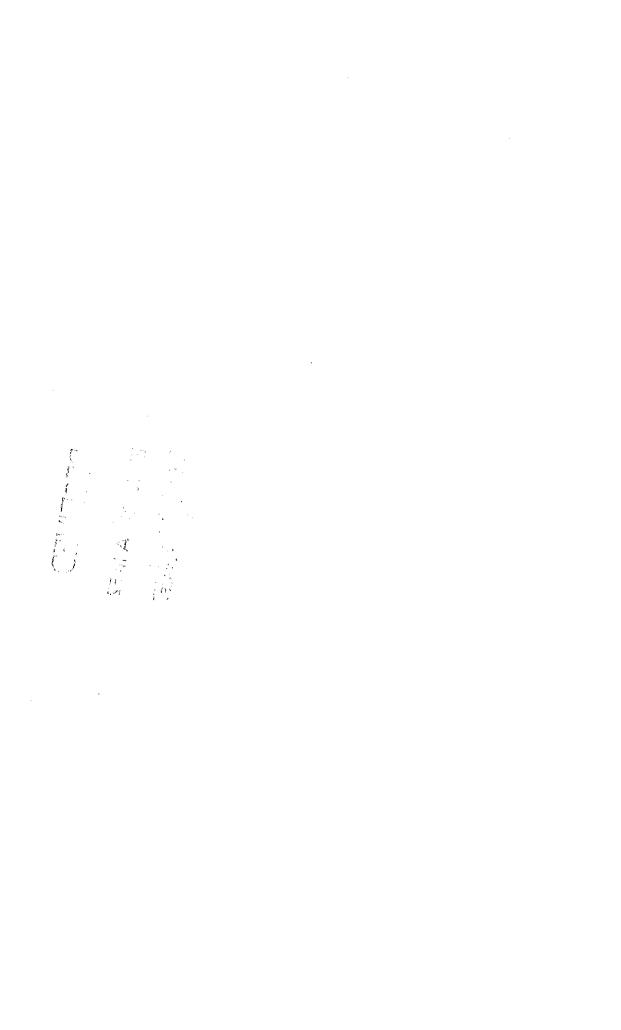


# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 8.3	31-21 Ending Date: 10.31-21
Type of Report: (Check one)	
	30 day after election vear-end report dissolution
VINCENT SERING  Candidate Full Name (if applicable)  School Committee  Office Sought and District	Committee Name  Name of Committee Treasurer
15 FOSTER ST	
Residential Address  E-mail: VIN SCRING & OUTLOOK Com	Committee Mailing Address E-mail:
	Phone # (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	0 32 7
Line 3: Subtotal (line 1 plus line 2)	0 500 7
Line 4: Total expenditures this period (page 5, line	14) 0 85 5
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	; 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	O
Affidavit of Committee Trensurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in accounts.	ntributions and liabilities for this reporting period and represents the campaign cordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer & arguature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in according to the committee of the committee on my behalf during this reporting persons acting under the committee on my behalf during this reporting persons acting the committee of the committe	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons aging under the authority or on behalf of this campaign.	n-kind contributions and liabilities for this reporting period and represents the andidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 10.25-21



#### **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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			The section of the se
			ZEZI GOTTOWN OF
			ZERK'S SAUGUS
			III: 52
Line 9: Total Rece	ipts over \$50 (or listed above)	<i>D</i>	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

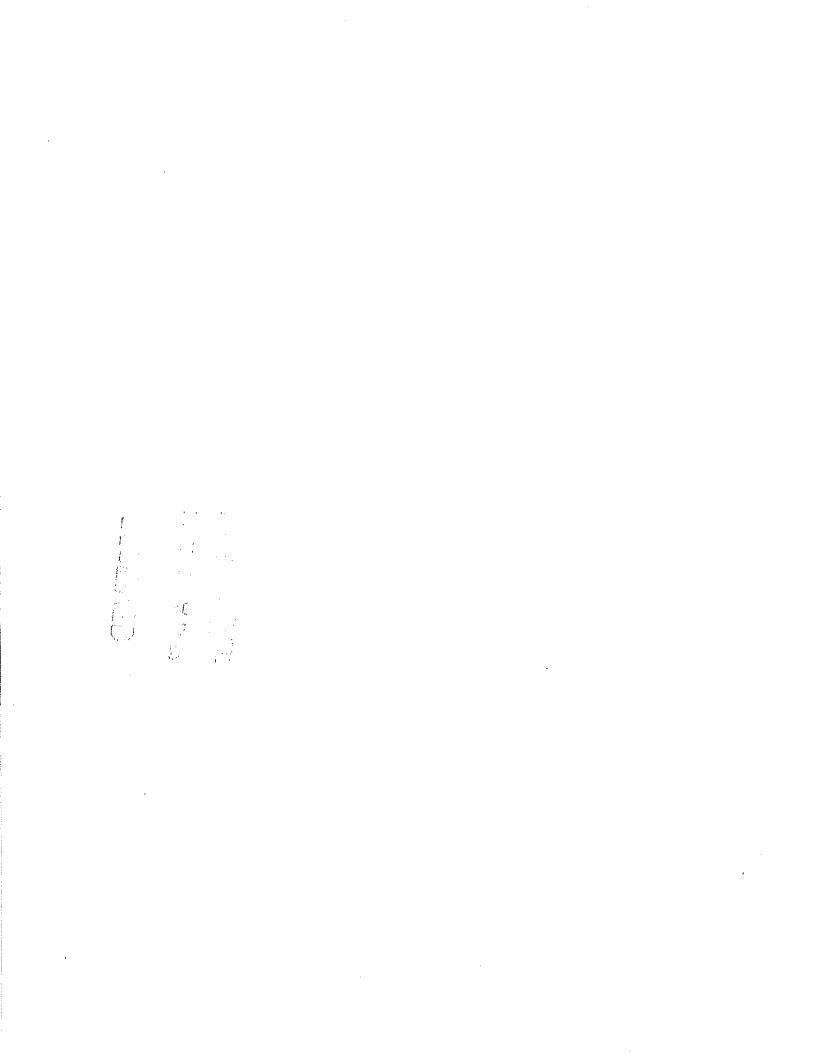
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#### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)
			DCT 20
			S.S. S.
			A II: 52
			52 85.
			·
ine 9: Total Recei	ipts over \$50 (or listed above)		
ine 10: Total Rece	cipts \$50 and under* (not listed above)		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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 report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	4.4.4	D	A was some of
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		THEORY	17.0 M.O.L.	<b>†</b>
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1			OFFICE , MASS.	:
			Mrije Mass.	. 7
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				-
I		Line 12: Total Expenditures o	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$:	50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI		T

<sup>\*</sup> 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		T	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			高景。 1	3
			CLERK'S CFFICE OF SAUGUS, MASS.	
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				[]
		Line 12: Expenditures over \$50	0 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			LOWNOLL OF THE PARTY OF THE PAR	
			CLERK'S	
			OLERK'S OFFICE NASS.	,
				·
,	***************************************	Line 15: In-Kind Contributions	s 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 C	ONTRIBUTIONS	

<sup>\*</sup> 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
	·			
			IN OCI 26 A 11: 53' TOWN CLURK'S OFFICE TOWN OF SAUGUS, MASS.	
			26 A 11:	
			53) FOE 888.	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	





# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	Ending Date: 10/26/202/
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)  Candidate Full Name (if applicable)  Candidate Full Name (if applicable)  Office Sought and District	Committee Name  Name of Committee Treasurer
Residential Address  E-mail: To Whithredge (1) Com(ustonet	Committee Malling Address  E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANCI	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)	(13.17)
Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4)	623.50.
Line 6: Total in-kind contributions this period (page	
Line 7: Total (all) outstanding liabilities (page 7)	0.
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 of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
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 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 ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
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, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

#### 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.)

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		Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetear using required)	Amount	(101 CORTIDUTIONS OF \$200 OF HOTE)	
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ine 9: Total Rece	sipts over \$50 (or listed above)			
to to my th				
ane 10: Total Reco	eipts \$50 and under* (not listed above)			
ine 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on the Control of the Control	
	d reacists of \$50 and under include them in line	0. Line 10 about	Enter on page 1, line 2	

<sup>\*</sup> 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 A: RECEIPTS (continued)**

	Name and Residential Address	-	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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Line 9: Total Recei	pts over \$50 (or listed above)	4	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11. TOTALL	RECEIPTS IN THE PERIOD		( B
		L	Enter on page 1, line 2

<sup>\*</sup> 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 report 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
10/11/21	Sacken Sijns	124 Main St	Signs	673.50
			70	
			WIN OLEM	
			A 9 A 9 C'S OFFI CUS, MAS	
			, in 9	
		Line 12: Total Expenditures o	over \$50 (or listed above)	
		Line 13: Total Expenditures \$:	50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	1023.50

\* 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	
				***************************************	
			1 3 -1		
			TOWN TO		
7000 Maria			Zb Sall		
			26 A Shugus		
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		Line 12: Expenditures over \$5	0 (or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
	Fortage and 1 12 - 4	I in a 14 TOTAL EVDENDY	THE DEDIOD		
, T.C. 1 '1		Line 14: TOTAL EXPENDIT	should include only those expenditure		

<sup>\*</sup> 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			77.0	1 to 12.
			100 170 MM	
			K'S OFF	·
			60	
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	900
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<sup>\*</sup> 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
- 110			TOWN CLERKY'S OFFICE TOWN OF SALBUS, MASS.	
			S. S. D.	1
			OFFIC MASS	)
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1				
enderdelekter en				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

Page 7

SACHEM SIGNWORKS 124 MAIN STREET SAUGUS MÁ 01906 781-941-8007

SALE

REF#: 00000001 RRN: 128414002595 Store: 0719 Term: 0001 rans ID: 581284504667682 APPR CODE: 03182C Batch #: 345

8898\*\*\*\*\*\*\*

. 한 \* \*

AMOUNT

SACHEM INVOICE SIGNacorks '

124 Main ST. SAUGUS, MA 01906 781-941-8007 FAX:781-941-8009

all credit card purchases ARE SUBJECT TO A

4% PROCESSING FEE

**Description of Work** 

N O

Hgt. Size Lgth Font

Color

Material .

all orders balance due upon completion of delivery

Description \$623.50 For 30 Days Delivery\_

Bucket 🚳

Labor 🍣

Shop Labor 🐒

Artwork 🍣

Materials \$586.50

Install \$37.00

Tax 🄝

00.83.00 Total

School Committee

Balance

Deposit

Signature

,			



# Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

File with:	City / Town Clerk or Election Commission	MEDEIVE
NOTICE	E IS HEREBY GIVEN in accordance with the provisions of Gener	al Laws. Chapter 55, as amended, of the organization of

candidate's commi				,	2971 OC	25 P 5: 01:
CANDIDATE:	Full Name:	Ryan 1	Fisher			
	Residential Address:	64 For	est Stre	ret	TOWN C	LERK'S OFFICE
	City / State / Zip:	Saucus	MA O.	1906	I UWN OF	SAUGUS, MASS.
	E-Mail Address:	thatsm	4fisha	me.com	Phone #:	
	Party Affiliation:		<i>/</i>			(If applicable)
OFFICE SOUG	HT/PURPOSE:	,	_			
	Title:	Schoo	l Comm	ittee		
	District:	Saucus	MA			
COMMITTEE:	Name of Committee:	<del></del>				
	Committee Mailing Add	•	e name of the commi	ttee must include the cand	lidate's last name)	
	City / State / Zip:	$-\mathcal{N}c$	Comm	Hee	Phone #:	
OFFICERS:						
Chairman:				Treasurer*:		
Residential Address:				Residential Address:		
City / State / Zip:				City / State / Zip:		
Phone #:				Phone #:	Email:	
					not serve as treasurer of any po	olitical committee (see reverse).
Other Officer/Title:				Other Officer/Title:		
Residential Address:				Residential Address: —		
City / State / Zip:			<del>-</del>	City / State / Zip:		· · · · · · · · · · · · · · · · · · ·
Phone #:		***************************************		Phone #:		
behalf. I am aware the relevant election	he filing of this committed that candidates are requi	tee. I understand red to keep detai	d that a candidate s	hall not give consent to		an one committee on his/her of six years from the date of
		4	Candidate's signatu	Dlee-	tarret	_ Date: 10/25/21
that: 1) I am subject and records of all ca	to certain duties and lial mpaign finance activity ployee, I must resign thi	bilities under M. for a period of s	G.L. c. 55, including the desired in	ng the timely filing of c ate of the relevant elec	campaign finance reports and	ce of this office I become an
SIGNED UNDER T	HE PENALTIES OF PI	ERJURY:				Date:
		-	Treasurer's signatu	·e		
	office of Chairman of the THE PENALTIES OF PI		committee.			

Chairman's signature

Date:

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198 CH 35 6 12

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# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	/1/2/ Ending Date: 10/25/2/
Type of Report: (Check one)	
8th day preceding preliminary   8th day preceding election	30 day after election  year-end report dissolution
stn day preceding premininary	
Ryan P Fisher	
Candique Full Name (if applicable)  Choo Committee	Committee Name
64 Forest Spught and District Squous, 44 01906 Residential Address	Name of Committee Treasurer  Committee Mailing Andress
E-mail: that smy fisher me.com	E-man.
Phone # (optional):	Phone # (optional):
CALL WAY TO A LAND	CE INFORMATION:
SUMINARY BALAN	CE INFORMATION: 55 % U
Line 1: Ending Balance from previous report	MASS S. O
Line 2: Total receipts this period (page 3, line 1	1) \$489.86
Line 3: Subtotal (line 1 plus line 2)	\$489.86
Line 4: Total expenditures this period (page 5, 1	ine 14) \$ 485.86
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (	(page 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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee.  Signed under the penalties of perjury:	e in accordance with the requirements of M.O.E. C. 33.
FOR CANDIDATE FILINGS ONLY: Affidavit of Caudidate: (check	д вох опіу)
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting period.
Candidate without Committee OR Candidate with independent activity film a certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburser campaign finance activity of all persons acting under the authority of op behalf of	o the best of my knowledge and belief, a true and complete statement of an campaign nents, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penaltics of perjury:	(Candidate's signature) Date: \( \int \) Date: \( \int \)

#### 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)
10/1/21	Ryan P Fisher 64 Forest St Saugus, MA 01906	\$79.70	Program Coordinator Commonwealth of MA
10/8/21	Ryan P Fisher 64 Forest St Saugus, MA 01906	\$4/0.16	Program Coordinator Commonwealth of MA Program Coordinator Commonwealth of MA
3. 1			
			TOWN TOWN
			DELERK'S INCOME.
			S: 01
Line 9: Total Receip	ots over \$50 (or listed above)	\$489.86	-
Line 10: Total Recei	pts \$50 and under* (not listed above)		•
Line 11: TOTAL R	ECEIPTS IN THE PERIOD .	\$489.86	Enter on page 1, line 2

<sup>\*</sup> 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			5.
			電量 召
			FC 25
			S. S
3			
\			
Line 9: Total Red	ceipts over \$50 (or listed above)	\$489.86	
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
Line 11: TOTAI	RECEIPTS IN THE PERIOD	\$489.86	Enter on page 1, line 2

<sup>\*</sup> 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

report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)						
20 . 20 . 13	To Whom Paid	,				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
1.6/2	Connolly	178 Gill Street Wobum, MA 01801	Campaign Signs	II 🖈 .		
10/8/21	Painting	Wahum MA OVER	* Inames	7410.16		
		03011, 11. 01301	7700700			
10/1/21	Sachem	124 Man Street	Metal mames	dag 2-		
10/1/21	Sachem Signworks	124 Man Street Saugus, MH 01906		\$410.16 \$79.70		
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			\$ 9 <b>9</b>			
To a second seco			, % C O			
			1 2 3 4000ge			
		Line 12: Total Expenditures over	er \$50 (or listed above)	\$489.86		
	Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD					
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized						

<sup>\*</sup> 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			L 75 D 5 07	
			TOWN CLERK'S OFFICE TOWN OF SAUGHS, MASS.	
			TOWN CLERK SONASS.	
				,
		Line 12: Expenditures over \$5	50 (or listed above)	\$489.82
		Line 13: Expenditures \$50 and	l under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	\$485.86

<sup>\*</sup> 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		0		
				777 777
			70W	***
			₹ <u></u>	
			SUS OFF S	
			5: 07	,
*		Line 15: In-Kind Contributions Line 16: In-Kind Contributions 5	E	
n	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

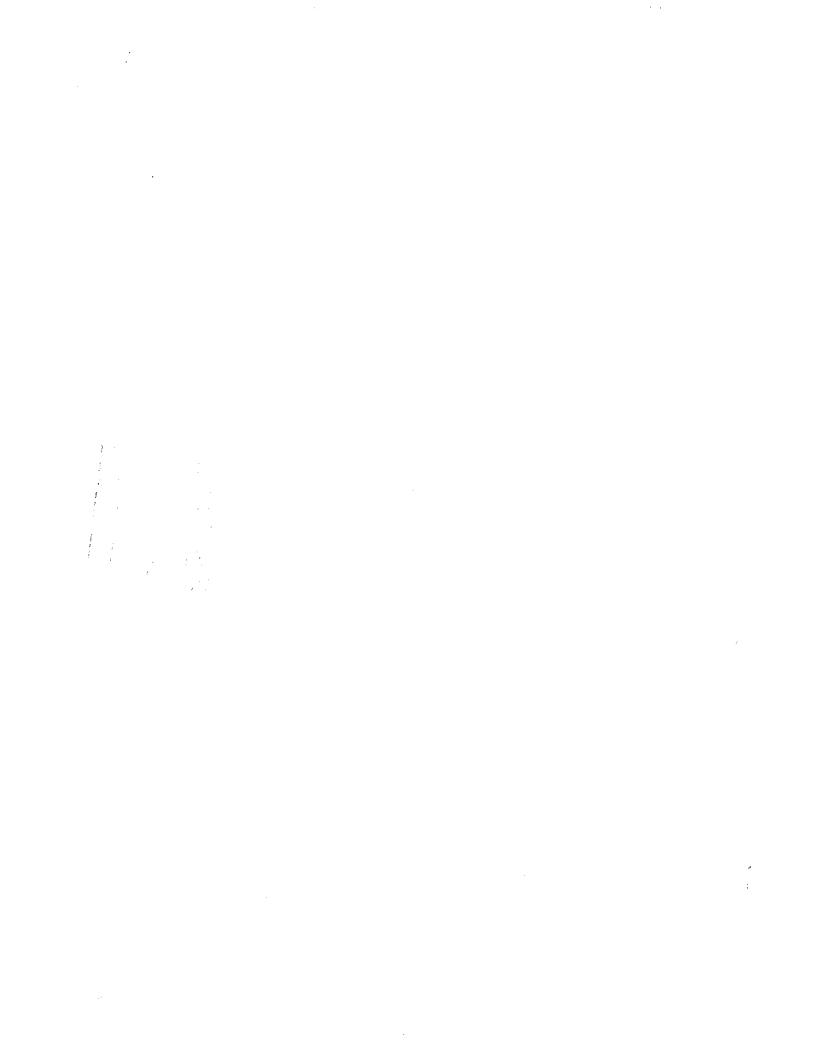
<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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
		d		
				<u> </u>
				***************************************
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000000000000000000000000000000000000000				
		Line 18: TOTAL OUTSTA	NIDING LIADII IDIEG (ALI)	





# 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: 9/10/21 Ending Date: 10/25/31				
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)	DO COMMITTEE Name			
School Committee Office Sought and District	Name of Committee Treasurer			
25 Springdale As Saugus, MA Residential Address	Committee Mailing Address			
B-mail: leighmgerowagmail.com  Phone # (optional): 617.92/3/15	E-mail:  Phone # (optional):			
Thome # (opinoual). Q 1 1.4 Q 1. St 1.				
SUMMARY BALAI	NCE INFORMATION:			
Line 1: Ending Balance from previous report				
Line 2: Total receipts this period (page 3, line	11) 5 623.50			
Line 3: Subtotal (line 1 plus line 2)	s 63350			
Line 4: Total expenditures this period (page 5,	, line 14) 623.50			
Line 5: Ending Balance (line 3 minus line 4)	Φ			
Line 6: Total in-kind contributions this period	(page 6)			
Line 7: Total (all) outstanding liabilities (page	27) 4			
Line 8: Name of bank(s) used:	unquinos			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this committed.	e best of my knowledge and belief, a true and complete statement of all compaign finance kind contributions and liabilities for this reporting period and represents the campaign tee in accordance with the requirements of M.O. IZC. 55.			
Signed under the penalties of perjury:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Caudidate: (check	Sale and the sale			
incurred any liabilities nor made any expenditures on my behalf during this rep	to the best of my knowledge and belief, a true and complete statement of all tampaign finance in accordance with the requirements of M.G.I. S. I have not received any contributions, porting period.			
Candidate without Committee OR Candidate with independent activity fill Certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury: Reigh Geron	(Candidate's signature) Date: 10/24/2/			

#### 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9-1-1-1	Leigh Gerow 25 Springdgle fre	311.75	A SL Interpreter
9/29/21	LeigniGerow 35 Springdale the Savges, Mr 01906	3: .75	ASL Interpretor.
		and the state of t	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
MAJAN	HAR SECULATION	603/500	ASVINTERPROTOR
G	OFFICE MASS.		
į	25 × ERRY'S SAUGUE		
C	7021 COVIN CL. TOWN CL. TOWN CL.		
Line 9: Total Rec	ceipts over \$50 (or listed above)	633.50	
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	623.50	Enter on page 1, line 2 uld include only those receipts not itemized above.

<sup>\*</sup> 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 report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	mittee name and a page number on	· k · O · · /	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
анимической поставляющий поставлей поставляющий поставляющий поставляющий поставляющий поставля				
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11				
		The state of the s		
-1.5		Y' 10 THE IN		
		Line 12: Total Expenditures over	r \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed shows)	
		Zino 15, Total Exponditules \$50	and midel. (Hot listed \$0046)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	
· · · · · · · · · · · · · · · · · · ·		r include them in line 12. Tine 13 sho	<u>i</u>	

<sup>\*</sup> 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)

70 4 70 · Y	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)			311.75
9-2-12	Sachem	124 Main St Saugus, MA 01900	Campaign Signs	(00860)
9/29/21	Sachem Signworks	124 main St Baugus, MA 01406	Compalign Signs of Frames	311,75
				The second secon
	្ត			
:	A 9: WS K'S OFFICE GUS, MASS.			
	CLER CLER LUF SAR			
1		Line 12: Expenditures over \$.	50 (or listed above)	623,56
		Line 13: Expenditures \$50 and	d under* (not listed above)	
	Enter on page 1, line 4 →			623,50

<sup>\*</sup> 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
1100000	8			
 		.] []		] 
				7 (000
manufacture (			1	
The second secon				
		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<sup>\*</sup> 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
	8			
		110 A		
	, ,,			
	OFF S			
	2 5			
	TOWN CLER TOWN OF SAUG		,	
	18 01 NW			
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	Pomo 7

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			<b>.</b>	· ; ; ;
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# Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

## Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

OFFICE SOUGHT/PURPOSE:  Title: School Committee  District: Saugus, MA	pplicable)
City/State/Zip: Saugus, MA 01906  E-Mail Address: /eighmgerowagmail.com Phone#:  Party Affiliation:  OFFICE SOUGHT/PURPOSE:  Title: School Committee  District: Saugus, MA	pplicable)
E-Mail Address: /eighmgerowagmail.com Phone#:  Party Affiliation:  OFFICE SOUGHT/PURPOSE:  Title: School Committee  District: Saugus, MA	pplicable)
Party Affiliation:  OFFICE SOUGHT/PURPOSE:  Title: School Committee  District: Saugus, MA	pplicable)
OFFICE SOUGHT/PURPOSE:  Title: School Committee  District: Saugus, MA	pplicable)
Title: School Committee  District: Saugus, MA	
District: Saugus, MA	
District: Saugus, MA	
COMMITTEE: Name of Committee:	
COMMITTEE: Name of Committee:  (The name of the committee must include the candidate's last name)	
Committee Mailing Address:	
City / State / Zip: Phone #:	
OFFICERS:	
Chairman: Treasurer*:	Military v
Residential Address:  Residential Address:	
City / State / Zip:	
Phone #: Phone #: Email:	
*A public employee may not serve as treasurer of any political committee (see	e reverse).
Other Officer/Title: Other Officer/Title:	
Residential Address: Residential Address:	
City / State / Zip: City / State / Zip:	
Phone #: Phone #:	
Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)	
I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the relevant election.  SIGNED UNDER THE PENALTIES OF PERJURY:	on his/her the date of
SIGNED UNDER THE PENALTIES OF PERJORY:  Reight General Date: 0/2  Candidate's signature	4/21
I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I to appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the politic committee organized on his/her behalf.	accounts secome an
SIGNED UNDER THE PENALTIES OF PERJURY: Date:	
Treasurer's signature	
I hereby accept the office of Chairman of the above-named committee. SIGNED UNDER THE PENALTIES OF PERJURY:	
Chairman's signature Date:	

to provide the Association of the Section of the Se

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 $\frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( \frac{\partial}{\partial x} \left( x - x \right) \right) + \frac{\partial}{\partial x} \left( x - x \right) + \frac{\partial}$ 

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#### **DEFINITION OF A PUBLIC EMPLOYEE**

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

#### SELECTED EXTRACTS FROM M.G.L C. 55

Section 1 defines a candidate's committee:

"Candidate's committee", the political committee organized on behalf of a candidate .... The term "candidate's committee" shall also apply to the campaign fund of a candidate who has not organized a political committee for the purpose of carrying out the election campaign of such candidate or who receives contributions or makes expenditures independently of said committee.

Section 2 requires candidates to keep certain records:

Every candidate shall keep detailed accounts of all contributions received by him, or by a person acting on his behalf and of all expenditures made by him, or by a person acting on his behalf. Said accounts may be kept by an agent duly authorized thereto, but the candidate shall be responsible for said accounts, which shall be kept separate and distinct from all other accounts and shall include contributions made by the candidate .... The candidate shall preserve all receipted bills and accounts relative to all contributions received, expenditures made and any other campaign finance activity. ... The candidate shall preserve said receipted bills and accounts for six years from the date of the relevant election....

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day .... [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate ....

Section 5 outlines statements of organization of political committees:

Each political committee shall organize by filing with the director or, if organized for the purpose of a city or town election only, with the city or town clerk, a statement of organization.

The statement of organization shall include: (1) the full name of the political committee, which, if organized on behalf of a candidate, shall include the name of the candidate in said name; .... (2) the address of the political committee; (3) a statement of the purpose for which the political committee is organized .... (4) the name and residential address of the chairman and the treasurer; (5) the name, residential address, and position of other principal officers, including officers and members of the finance committee, if any, and; (6) the name and address, if known, and party affiliation of each candidate the political committee is supporting; provided, however, that if a candidate is nominated without reference to a political party of his political party shall not be required ....

Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the saine, or incur expenses while it has no treasurer qualified as aforesaid ....

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election ....

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents ....

All funds of a political committee shall be kept separate from any personal funds of officers, members or associates of such committee ....

IMPORTANT: M.G.L. c. 55, s. 5 requires that any changes in the information provided on this form shall be filed within ten (10) days of said change. Further information can be obtained from OCPF by phone at (617) 979-8300, via e-mail at ocpf@cpf.state.ma.us or on the web at http://www.mass.gov/ocpf.

		;

SACHEM SIGNMORKS 124 MAIN STREET

SAUGUS NIA 01906 781-941-8007

SALE

Store: 0719 Term: 0001 RRN: 127214000711 Batch #: 337 MID: 3587 09/29/21

Trans ID: 0929NIDSTWID3DU APPR CODE: 093719 MASTERCARD 2764

MOUNT

\$311.75

tes Good For 30 Days

Description

: 80 00 08 80 00 A0000000041010 itercard Debit

00 89

CUSTOMER COPY

THANK YOU!! PLEASE CONE AGAIN!!

A Mom for

**Delivery** 

Labor 👟

Shop Labor 🌋

Artwork 🔝

Materials \$586.50

Install 🍣

School Committee

Tax %%7.00

Total \$623.50

\$311.75 Signature Deposit \$311.75\_ Balance\_

Size Lgth . SACHEM INVOICE

**Description of Work** 

M

SIGNacorks

Hgt.

124 Main ST. SAUGUS, MA 01906 781-941-8007 FAX :781-941-8009

Color 000

Font.

ALL CREDIT CARD PURCHASES

4% PROCESSING FEE ARE SUBJECT TO A

Material CORO

it on all orders balance due upon completion of delivery.

Bucket 🔊


SACHEM SIGNWORKS 124 MAIN STREET SAUGUS MA 01906 781-941-8007

## SALE

Batch #: 333 09/21/21 MID: 3587 Trans ID: 0921MIDSXIM7SJ APPR CODE: 021539 MASTERCARD Store: 0719 Term: 0001 REF#: 00000001 RRN: 126417402106 13:15:39 ‡ 음

\*\*\*\*\*\*\*\*\*\*\*\*2764

AMOUNT

\$311.75

APPROVED

Mastercard Debit AID: A0000000041010 TVR: 80 00 08 80 00

THANK YO PLEASE COME

CUSTOMER

SACHEM

SIGNworks

124 Main ST. SAUGUS, MA 01906 781-941-8007 FAX:781-941-8009

**Description of Work** 

QTY..

Font Color Plak Size Lgth Hgt.

ALL CREDIT CARD PURCHASES Material \_

4% PROCESSING TEE

are subject to a:

n all orders balance due upon completion of delivery.

pd For 30 Days Description

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	Bucket	Delivery
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Shop Labor \_\_\_\_\_ Artwork \_\_\_\_ Labor 🏂

Materials \$580.50 Install 🍣

Tax \$37.00

Total \$623.50

Deposit \$311.75 Balance

5311.75 Signature

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				<del></del>

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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 or Election Commission
Fill in Reporting Period dates: Beginning Date: 50	
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)  School Communities  Office Sought and District  ANTHORE F. SAUGUS  Residential Address  E-mail: ANTHORE & RADOWS KE @ NOTMAN! CON  Phone # (optional): 77/-7/8-6208	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
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	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	O S O
Line 6: Total in-kind contributions this period (p	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	N/A
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the beactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penaltics 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)
	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 contributions.	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 perimpy (1)	(Candidate's signature) Date: $0 + 2720$

#### 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.)

report all receipts. P	lease include your committee name and a pa	ige number on ea	nch page.)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4 .			
	\$1.5 \$1.		
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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 A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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		A STATE OF THE STA	
***************************************			
			-1
			TOWN TOWN
			CLERK'S F SAUGUE
			OFFICE MASS
			, III
Line 9: Total Rece	ipte over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	d receipts of \$50 and under, include them in line	e 9. Line 10 shoul	d include only those receipts not itemized above.

Page 3

#### 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 report all expenditures. Please include your committee name and a page number on each page.)

report all expend		nittee name and a page number on	each page.)	****
	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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WHENDER				
	L		i	<u> </u>
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> 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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P				
		Line 12: Expenditures over \$:	50 (or listed above)	
		Line 13: Expenditures \$50 and		
		Line 14: TOTAL EXPENDI		
If you have iter	nized expenditures of \$50 and unde	r include them in line 12. Line 13	should include only those expenditur	as not itamized

<sup>\*</sup> 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
The state of the s				
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	e the g			
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A CONTRACTOR OF THE CONTRACTOR				
	<u> </u>	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Futov on nago 1 lina 6 -	Line 17: TOTAL IN-KIND C	ONTDIBUTIONS	_

<sup>\*</sup> 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
			, -1	,
			10 DCT 21	
			TIGUS, MASS.	
			9 0	



Signed under the penalties of perjury:

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: **Ending Date:** 2021 OCT 25 P 1: 10 TOWN CLERK'S DFFICE Type of Report: (Check one) TOWN OF SAUGUS MASS. dissolution 8th day preceding preliminary 8th day preceding election 30 day after election year-end report Candidate Full Name (if applicable)

School Committee

Office Sought and District Committee Name Office Sought and District

USERINO WAY SAUGUS DI 906

Residential Address Name of Committee Treasurer Committee Mailing Address E-mail: JOGOULD 1969@AOL.COM E-mail: Phone # (optional): 617 2574847 Phone # (optional): SUMMARY BALANCE 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 14) Line 5: Ending Balance (line 3 minus line 4) 208,16 Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) NIA 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 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: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box only) 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. 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.

(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.)

report all receipts. P	lease include your committee name and a pa	ige number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
SELECTION OF SELEC			
1			
District Control of the Control of t			
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		2000	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	Ø	← Enter on page 1, line 2

<sup>\*</sup> 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			RECEIVED
			TOWN CLERK'S OFFICE FOWN OF SAUGHS, MASS.
			JAUGHS, MASS.
			,
		1170	
Line 9: Total Rece	sipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemize	d receipts of \$50 and under, include them in lin	ne 9. Line 10 shou	ld include only those receipts not itemized above.

Page 3

#### 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 report all expenditures. Please include your committee name and a page number on each page.)

report all expend	litures. Please include your comn	nittee name and a page number on	each page.)	
Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
15/0/21	saction 516N works	124 MAINST SAUGUS 01906	10 LAWN 516NS	208.10
	·			
1				
		Line 12: Total Expenditures over	er \$50 (or listed above)	208.10
		Line 13: Total Expenditures \$50	and under* (not listed above)	
Strong to the		Line 14: TOTAL EXPENDITU		208.10

<sup>\*</sup> 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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				VOUS, MASS.
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			,	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
* If you have ite	mized expenditures of \$50 and under			er not itemized

<sup>\*</sup> 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
0 4 7 3	And All			
13040				
·				
		Line 15: In-Kind Contribution	s 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 C	ONTRIBUTIONS	<i>(b)</i>

<sup>\*</sup> 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.

To Whom Due	Address	Purpose	Amount
	THE SEIVER		RECE
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		- ; ; ;	4021 OCT 25
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			ON UF SAUGU
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	To Whom Due	2021-OCT 25-P	2021 OCT 25 P : 19

Page 7

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124 Main ST. SAUGUS, MA 01906 781-941-8007 FAX:781-941-8009

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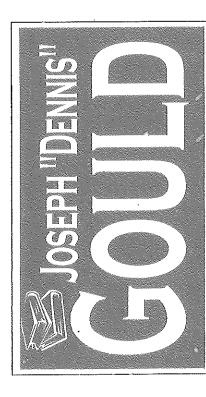
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