

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:	//9/33 Ending Date: /0/30/23
Type of Report: (Check one)	V 1002 1003
8th day preceding preliminary 8th day preceding election .	30 day after election year-end report dissolution
ROBERT J. LONG	
Candidate Full Name (if applicable)	Committee Name
TOWN MEETING Rain 4 Office Sought and District	Name of Committee Treasurer
96BENNETT AVE	
Residential Address	Committee Mailing Address
Telephone Number (optional): 78/-233-4213	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	A WWW R
Line 3: Subtotal (line 1 plus line 2)	O SEE 3
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	2: 5
Line 6: Total in-kind contributions this period (page	ge 6)
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 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 Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
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 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 cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sel 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	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
Signed under the penalties of perjury:	(Candidate's signature) Date: 10/30/23

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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	pts over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)	H. , A	
ine 11: TOTAL R	ECEIPTS 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 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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Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	- O. Vina 10 show	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

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
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	. r	ine 12: Total Expenditures ove	r \$50 (or listed above)	
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، ياند	I	ine 13: Total Expenditures \$50	and under* (not listed above)	
×	Enter on page 1, line $4 \rightarrow \mathbf{I}$	ine 14: TOTAL EXPENDITU	DECIN THE DEDIOD	X
1			ould include only those expenditures	1

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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				*
		Line 12: Expenditures over \$50	O (or listed above)	
		,		
-		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

^{*} 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.

		T		
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	\ _	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	Ø

^{*} 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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. 17.				
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	1

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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

		1		City or Town Clerk or I	Election Commission
Fill in Rep	porting Period dates: Beginning Date: 9/	1/23	Ending Date:	10/30/	23
Type of R	Leport: (Check one)	- 			
	**	☐ 30 day	after election ye	ear-end report	dissolution
oth day	preceding promining.				
To	anate Meredita				
1.00	Candidate Full Name (if applicable)		Commi	ittee Name	
7	and Marling				
	OWN //- Office Soughtand District		Name of Con	nmittee Treasurer	
15		,			
15	Sale St Source, Mil 0196	P	Committee	Mailing Address	
	Residential Address		Committee		
Telephone Nu	amber (optional):	Ţelephone	e Number (optional):		
[SUMMARY BALANC	E INFO	RMATION:		;
	Line 1: Ending Balance from previous report		0		
	Line 1: Ending Balance from previous report		U		
	Line 2: Total receipts this period (page 3, line 11)		0		,
	Line 3: Subtotal (line 1 plus line 2)		0		1 25
a .	Line 4: Total expenditures this period (page 5, lin	e 14)	0		
,	Line 5: Ending Balance (line 3 minus line 4)		0		
	Line 6: Total in-kind contributions this period (pa	ıge 6)	0	SO CE	7
	Line 7: Total (all) outstanding liabilities (page 7)		0	1 30 LERK SAUG	C ·
	Line 8: Name of bank(s) used:			is s	<
l				\$9 w	
I cortifue that I	Committee Treasurer: have examined this report including attached schedules and it is, to the bes	t of my know	ledge and belief, a true and con	nplete statement of all c	ampaign finance
activity inclu	ding all contributions loans, receipts, expenditures, disbursements, in-kind	contributions	and liabilities for this reporting	g period and represents	the campaign
	ty of all persons acting under the authority or on behalf of this committee in	accordance v	with the requirements of M.G.L (Treasurer's signature	D .	
-,	the penalties of perjury:		(Treasurer's signature		
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)			
I certify t	te with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in ac any liabilities nor made any expenditures on my behalf during this reporting	cordance with	knowledge and belief, a true and the requirements of M.G.L. o	d complete statement of 5.55. I have not receive	fall campaign finance any contributions,
Candida	the without Committee OR Candidate with independent activity filing so that I have examined this report including attached schedules and if it, to the ctivity, including contributions, loans, receipts, expenditures, disbursement of finance activity of all persons acting under the authority or on behalf of the	eparate repor e best of my k s. in-kind con	knowledge and belief, a true an atributions and liabilities for thi	is reporting period and re	fall campaign epresents the
Signed under	the penalties of perjury:	ere of	(Candidate's signatur	re) Date:	0/30/23

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)
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ine 10: Total Recei	pts \$50 and under* (not listed above)	£1 , 4	•
	ECEIPTS 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 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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Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	1	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 report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid		ilinei ol	each page.)	
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	ļr	Line 13: Total Expenditure	es \$50 a	nd under* (not listed above)	
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	Enter on page 1, line $4 \rightarrow 1$	ine 14: TOTAL EXPEN	IUTIUI	RES IN THE PERIOD	0
vou have itemiz	ed expenditures of \$50 and under i	nclude them in line 12. Line	12 -1	L. Ild include only those expenditures r	

^{*} 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
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		Line 12: Expenditures over \$5	0 (or listed above)	
-		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	0

* 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 5

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
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		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	250 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	7)

^{*} 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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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	0

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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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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

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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 Clork or Election Commission
Fill in Reporting Period dates: Beginning Date:	19 707 Ending Date: 16/30/2023
Type of Report: (Check one)	
☐ 8th day preceding preliminary 8th day preceding election [30 day after election year-end report dissolution
Their the state of	
Christine Mosesch, Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
5 Western Avenue	
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	The state of the s
Line 2: Total receipts this period (page 3, line 11)	OSE S
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line	
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:	K / A
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	ontributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
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	
Candidate without Committee OR Candidate with independent activity filing selectify 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	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
Signal and on the population of popularity (11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Candidate's signature) Date: 10- 30 - 30 23

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)
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ne 10: Total Receip	ots \$50 and under* (not listed above)	F ()	
ne 11: TOTAL RI	ECEIPTS 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 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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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

^{*} 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 To Whom Paid To Whom Paid				
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		Line 12: Total Expenditures over	\$50 (or listed above)	
	[1	Line 13: Total Expenditures \$50 a	and under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITU	RES 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 above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	0 (or listed above)	
-		Line 13: Expenditures \$50 and		
('	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TIRES IN THE PERIOD	
	Enter on page 1, line 4 \rightarrow			

^{*} 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	Yalue
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		Hotels		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	L L	7
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	7

^{*} 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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Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)					

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