

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

TOWN CLERK

Office of Campaign and Political Finance

SUDBURY, TANG

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	march 25, 2025 Ending Date: April 28, 2025
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding elec	ction 2 30 day after election 2 year-end report 3 dissolution
Kevin J. Matthews	
Candidate Full Name (if applicable)  Select Board	Committee Name
Office Sought and District Town of Sudbury	Name of Committee Treasurer
Residential Address E-mail: kjmatthews05@comcast.net	Committee Mailing Address
Phone #: 978.223.8399	E-mail:  Phone #:
SUMMARY BAI	LANCE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 1	2)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, 1	line 15)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (	page 6, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7	7, line 19) 0
Line 8: Total out-of-pocket expenses this period	(page 8, line 22) \$2637.32
Line 9: Name of bank(s) used:	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to activity, including all contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this committee.	the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind contributions and liabilities for this reporting period and represents the campaign mittee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature)
Candidate with Committee  I certify that I have examined this report including attached schedules and it activity, of all persons acting under the authority or on behalf of this commit incurred any liabilities nor made any expenditures on my behalf during this recarded without Committee	is, to the best of my knowledge and belief, a true and complete statement of all campaign finance tree in accordance with the requirements of M.G.L. c. 55. I have not received any contributions
I certify that I have examined this report including attached schedules and it finance activity, including contributions, loans, recents, expenditures, disbut	is, to the best of my knowledge and belief, a true and complete statement of all campaign rements, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55

Candidate's signature)

#### SCHEDULE A: RECEIPTS

4.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor o 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Itach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Name and Residential Address  Calphabetical listing required)			Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
The state of the s			
		<u> </u>	

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

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	•		
	Land Address of the Control of the C		
77.7			
Line 10: Total Recei	pts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Recei	pts \$50 and under (not listed above)		should include them in the 10. Eme 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			S. Arrivales	
			1	
	,			
7777				
				***************************************

#### **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have	itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	
should includ	elude them in line 13. Line 14 le only those expenditures not itemized above.	Line 14: Expenditures \$50 and u	under (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please neclude the candidate or committee name and a-page number on each additional pages.

	or commutee name and a-page namoer or			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
-				
	100 100 100 100 100 100 100 100 100 100		L	
\$50 and under,	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions ove	r \$50 (or listed above)	
should inclu	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTI	RIBUTIONS IN THE PERIOD	

#### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				-
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

Page 7

#### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
3/25/25	Facebook.com	\$44.12	Social media promotion
3/27/25	Jet Mail 577 Main St #300, Hudson, MA	\$2583.20	Post Card mailing and fulfillment
4/8/25	The Patch.com	\$10.00	Social media promotion
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)  Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and		\$2637.32	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed about Line 22: TOTAL OUT	ove) -OF-POCKET EXPENDITURES IN THE PERIOD	\$2637.32	itemized above.  ← Enter on page 1, line 8



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

VA ANADOMATION IN	File with: City or Town Clerk or Election Commissio
Fill in Reporting Period dates: Beginning Date: 3/1	5/2025 Ending Date: 4/20/2025
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☑ 30 day after election ☐ year-end report ☐ dissolution
Radha Raman Gargeya	Committe to Elect Radha Gargeya
Candidate Full Name (if applicable) Sudbury Select Board	Committee Name Anand S Bangalore
Office Sought and District 120 Powder Mill Rd, Sudbury, MA 01776	Name of Committee Treasurer 17 Powder Mill Rd
Residential Address E-mail: radhaforsudbury@gmail.com	Committee Mailing Address  E-mail: anandbangalore@hotmail.com
Phone #: 978-443-9050	Phone #: 508-330-6922
CVID-CV-	
SUMMARY BALANC	
Line 1: Ending Balance from previous report	48.92
Line 2: Total receipts this period (page 3, line 12)	96.80
Line 3: Subtotal (line 1 plus line 2)	145.72
Line 4: Total expenditures this period (page 5, line 15	0.00
Line 5: Ending Balance (line 3 minus line 4)	145.72
Line 6: Total in-kind contributions this period (page 6,	line 18) 0.00
Line 7: Total (all) outstanding liabilities (page 7, line 1	2407.44
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 2404.24
Line 9: Name of bank(s) used: Citizens Bank	
	accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 4/27/2025
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
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 acting incurred 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.
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	best of my knowledge and belief, a true and complete statement of all campaign
igned under the penalties of perjury: Radha Raman fun	(Candidate's signature)  Date: 4/27/2025

#### SCHEDULE A: RECEIPTS

4.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions ecceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

\*\*Ittach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/20/2025	Anand S. Bangalore 17 Powder Mill Rd Framingham, MA 01701	96.80	

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

Date Received	Name and Residential Address (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receip	ts over \$50 (or listed above)	96.80	* If you have itemized receipts of \$50 and
Line 11: Total Receip	ts \$50 and under (not listed above)	0	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL RE	CEIPTS IN THE PERIOD	96.80	← Enter on page 1, line 2

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			,	

## **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				1	
	A CALL AND				
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not		Line 13: Expenditures over \$50 (or listed above)			
		Line 14. Event dita non 1			
i	itemized above.	Line 14: Expenditures \$50 and u			
	Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD				
	F03 v) ***** 1		THE IEMOD		

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please neclude the candidate or committee name and a-page number on each additional page.

Date Received		Residential Address	Description of Contribution	Value
		<u> </u>		
* If you have i	itemized in-kind contributions of	Line 16: In-Kind Contributions over	\$50 (or listed above)	
\$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTR	IBUTIONS IN THE PERIOD	

## **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
3/20/2025	Radha Raman Gargeya	120 Powder Mill Rd Sudbury, MA 01776	Mailers	2346.24
4/15/2025	Radha Raman Gargeya	120 Powder Mill Rd Sudbury, MA 01776	Credit card service fees for donations	3.20
3/20/2025	Radha Raman Gargeya	120 Powder Mill Rd Sudbury, MA 01776	website	58.00
	·			
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	ING LIABILITIES (ALL)	2407.44

#### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Exp	anditura
3/20/2025	All Right Mailing and Printing 47 Mellen Street Framingham, MA 01702	2346.24	Mailers	enuitui e
	Training latin, 1970 1702			
				-
Line 20: Total Itemize (or listed above)	d Out-Of-Pocket Expenditures Over \$50	2346.24	* If you have out-of-pocket	expenses of \$50
· · · · · · · · · · · · · · · · · · ·	ized Out-Of-Pocket Expenditures \$50 and	58.00	and under, include them in should include only those ex itemized abov	penditures not
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		2404.24	Enter on page 1, line 8	

Page 8



Signed under the penalties of perjury:

## 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: 03/1!	5/2025 Ending Date: 04/25/2025
Type of Report: (Check one)  Bth day preceding preliminary 8th day preceding election	⊠ 30 day after election
Charles I Morton IV  Candidate Full Name (if applicable)  Lincoln Sudbury Regional District School Committee  Office Sought and District  35 Julians Way, Sudbury MA 01776	N/A  Committee Name  Name of Committee Treasurer
Residential Address  E-mail: mortonforls@gmail.com	Committee Mailing Address  E-mail:
Phone # (optional):	Phone # (optional):
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, lin  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 7)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: N/A	2025 APR 30
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  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements,	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  x only)  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.  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
campaign finance activity of all persons acting under the authority or on behalf of this	Date: 04/30/2025

(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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabetical listing required)	Amount	(101 CONTRIBUTIONS OF \$200 OF MOTE)
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And the state of t			
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			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)
Date Received	(alphabetteat fishing required)	Amount	(101 CONTRIBUTIONS OF \$200 OF MOTE)
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			·
·			
T. 0	<b>A.</b>		
Line 9: Total Recei	pts over \$50 (or listed above)		·
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11. TOTAL D	ECEIPTS IN THE PERIOD	<u> </u>	
	receipts of \$50 and under include them in line	O Y: 10 1 1	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.)

	port all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
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BARACHANIAN AND AND AND AND AND AND AND AND AND A				THE PERSON NAMED IN COLUMN TO THE PE		
		Line 12: Total Expenditures over	er \$50 (or listed above)			
		Line 12: Total Expanditures OF	and under* (not listed share)			
		Line 13: Total Expenditures \$50	and under (not listed above)			
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD			
		include them in line 12. Line 13 sh		<u> </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.

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#### **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
			F		
			The state of the s		
		Line 12: Expenditures over \$50	(or listed above)		
		Line 13: Expenditures \$50 and t	under* (not listed above)		
		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	
	·				
1	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				-	

<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.

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



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK SUDBURY

of Massachusetts			File with: City or Town Cl	lerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Mg	arch 15, 20	525 Ending	Date: April 20	
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	<b>⊠</b> 30 day a	after election	year-end report	dissolution
T.1 T D T.				
John J. Ryan, Jr.  Candidate Full Name (if applicable)  Lincoln-Sudbury Reg. Dist. School Committee  Office Sought and District  155 Ford Rd., Sudbury, MA 01776  Residential Address	_		Committee Name	
Lincoln-Sudbury Reg. Dist. School Committee				
Office Sought and District  Office Sought and District  Office Sought and District		N:	ame of Committee Treasurer	
Residential Address	-	(	Committee Mailing Address	
E-mail: ryan. john, jr@ qmail, com	_ E-mail:		-	
Phone #: 978-618-4240	_   Phone # :			
	<u> </u>		The state of the s	
SUMMARY BALAN	CE INFOR	RMATION:		
Line 1: Ending Balance from previous report			-0-	
Line 2: Total receipts this period (page 3, line 12)		-	-0-	
Line 3: Subtotal (line 1 plus line 2)			0-	
Line 4: Total expenditures this period (page 5, line 15	5)	_	-0-	Tarana dang dang
Line 5: Ending Balance (line 3 minus line 4)			0-	
Line 6: Total in-kind contributions this period (page 6	5, line 18)	_	·0-	
Line 7: Total (all) outstanding liabilities (page 7, line	19)		-0-	
Line 8: Total out-of-pocket expenses this period (page	8, line 22)		0-	
<b>Line 9:</b> Name of bank(s) used: $\mathcal{N}/\mathcal{A}$				
Affidavit of Committee Treasurer:				
I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	d contributions an	nd liabilities for thi	is reporting period and repres	f all campaign finance sents the campaign
Signed under the penalties of perjury:		•	's signature) Date:	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oox only)			
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 a incurred any liabilities nor made any expenditures on my behalf during this reporting	accordance with the	he requirements of	f M.G.L. c. 55. I have not re	ent of all campaign finance eceived 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, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	us, m-kma comun	outions and naoim	e requirements of M.G.L. c.	55.
Signed under the penalties of perjury:		(Candidate	Date:	4/24/25



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Elec	
Fill in Reporting Period dates: Beginning Date: 3/15/2025	Ending Date: 4/20/2025	ction Commission
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election 30 da	ny after election 🔲 year-end report 🔲 d	lissolution
Lisa V. Kachakajiah  Candidate Full Name (i) applicable)  Sefect Board  Office Sought and District  30 Mendan Wook Circle, Schuy  Residential Address  E-mail: Lica So Konchak di jan@gmaj L.  Phone #: Lei7-549-12-70  Phone #	Committee Name  Name of Committee Treasurer  Committee Mailing Address	
SUMMARY BALANCE INFO	DRMATION:	7
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 12)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 15)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6, line 18)  Line 7: Total (all) outstanding liabilities (page 7, line 19)  Line 8: Total out-of-pocket expenses this period (page 8, line 22)  Line 9: Name of bank(s) used:	3 397,12	TOWN CLERK SUBBURY, MASS
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my know activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions inance activity of all persons acting under the authority or on behalf of this committee in accordance versions and the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best of my k activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period that a Candidate without Committee  Certify that I have examined this report including attached schedules and it is, to the best of my k finance activity, including contributions, loans, receipts, expenditures, disbursements, in-land contributions, loans, receipts, expenditures, disbursements, in-land contributions.	and liabilities for this reporting period and represents the cawith the requirements of M.G.L. c. 55.  (Treasurer's signature)  Chapter:  Chapter of M.G.L. c. 55. I have not received any are not otherwise disclosed in this report.  Chapter of M.G.L. c. 55. I have not received any are not otherwise disclosed in this report.	ampaign  ampaign finance contributions,
campaign finance activity of all persons acting under the authority or on behalf of this andidate in signed under the penalties of perjury:	n accordance with the requirements of M.G.L. c. 55.  (Candidate's signature)  Date:	7/25

M102 (12/2023)

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Name and Residential Address  (Alababetical listing required)			Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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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)
		-	
Line 10: Total Recei	pts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Recei	pts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
7.7.7				
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				.

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(urphusetten noting)	Auditos	1 ut pose of Expenditure	Amount
		:		
	·			
* * * * * * * * * * * * * * * * * * * *	it in last the second s			
and under, inc	riuae them in line 13. Line 14	Line 13: Expenditures over \$50 (	(or listed above)	
should includ	le only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	e 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*		Description of Contribution	Value
	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions ove	r \$50 (or listed above)	
	ide only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTI	RIBUTIONS IN THE PERIOD	

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			,	
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

#### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
4/7/25	Lisa Kachokdjian 30 Meadowhoods Circle	1,020	Payment to Carol Boughter for website Boughter for website Payment to Minuteman Press for push cards, Mailer
3/8/25	Lisa Kachardian 30 Meadenbreik Crab	2,377.12	Payment to Minuteman Press For pish cards, - Mailer
	Lisa Karchardian 30 Meadenbreck Crab Edrey		
	·		
(or listed above)	d Out-Of-Pocket Expenditures Over \$50  ized Out-Of-Pocket Expenditures \$50 and e)		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-C	DF-POCKET EXPENDITURES IN THE PERIOD	3,397.12	← Enter on page 1, line 8  Page 8
	*Schedule E is not for b	pallot question con	nmittee use.



# 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 Commissio
Fill in Reporting Period dates: Beginning Date:	A
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election  year-end report dissolution
Lisa V. Kachardjian	
Candidate Full Name (Frapplicable) Select Poard	Committee Name
30 Meadaw District Circle Solam	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Phone #: 617-549-1270	E-mail: Phone #:
WIT 547 10-70	Friorie #:
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 12)	3397, 12
Line 3: Subtotal (line 1 plus line 2)	3397.12 & SO 3397.12 & SZ
Line 4: Total expenditures this period (page 5, line 15)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6, l	
Line 7: Total (all) outstanding liabilities (page 7, line 19	
Line 8: Total out-of-pocket expenses this period (page 8,	, line 22)
Line 9: 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 co	ontributions 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 a Signed under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting process.	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  1 certify that I have examined this report including attached schedules and it is, to the bening finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

F-8	Name and Residential Address  Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
4/7/25 3/18/25	Lisa Kachardjian 30 Meadanbiock Circle Solhy, MA Lisa Kachardjian 30 Meadanbiock Circle Solhy, MA	\$1,020	,		
3/18/25	Lisa Kachakdjian 30 Meadarbroux Cirle Sobry, MA	2,377.12			

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	·		
	pts over \$50 (or listed above) pts \$50 and under (not listed above)	3,397,12	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
		13,397,12	itemized above.  ← Enter on page 1, line 2

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				1
				]
		[		

# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/7/25	Carol Boughter	150 Oakland Sheef Mansheld, Mass	Update and Design of website	\$1,000
3/18/as	Minvelman Press	160 Main Street Mariborough	Push cards and Maiter	2,377,12
		·		
and under, inc	itemized expenditures of \$50 lude them in line 13. Line 14	Zino 13. Experiences over \$50 (or instead above)		
	e only those expenditures not itemized above.	Line 14: Expenditures \$50 and un	nder (not listed above)	
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITU	JRES IN THE PERIOD	3,397,12

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		
	include them in thie 10. Line 17 ide only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	$\bigcirc$

### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
		,	,
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Uniten under (not listed abov	nized Out-Of-Pocket Expenditures \$50 and e)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	← Enter on page 1. line 8	



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts					File with	: City or Town Cle	rk or Ele	otion Commission
Fill in Reporting Period dates:	Seginning Date: 3	3/15/	25	Ending 1		4/20/25	K OI Elec	
Type of Report: (Check one)								
8th day preceding preliminary	lay preceding election	1 [	<b>☑</b> 30 day	after election	П у	ear-end report	☐ d	issolution
Jessica McCready						:		
Candidate Full Name (if applica Sudbury School Committee	ible)				Comr	nittee Name		
Office Sought and District 127 Morse Rd Sudbury MA 01776				Na	me of Co	mmittee Treasurer		
Residential Address				C	ommittee	Mailing Address		
E-mail: mccready4sps@gmail.com Phone #: 781 572 7128			E-mail:					
Phone #: 701 372 7120			Phone # :				<del></del>	
CIT	NANA A DAY DAY A A		L	DAKATIKAN				
50.	MMARY BALAI	NCE	LINFU	RMATION:				
Line 1: Ending Balance from	previous report			0				
Line 2: Total receipts this per	iod (page 3, line 12)			0				
Line 3: Subtotal (line 1 plus li	ne 2)			0				
Line 4: Total expenditures this	s period (page 5, line	15)		0	*****			9 =
Line 5: Ending Balance (line 3	3 minus line 4)			0				
Line 6: Total in-kind contribut	tions this period (page	6, li	ne 18)	0		***************************************	Ī	
Line 7: Total (all) outstanding	liabilities (page 7, lin	e 19)	•	0				
Line 8: Total out-of-pocket exp	enses this period (pag	ge 8,	line 22)	0			J.	10 25
Line 9: Name of bank(s) used:	N/A					117150		
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		Doto		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)								
Candidate with Committee  I certify that I have examined this report including atta activity, of all persons acting under the authority or on incurred any liabilities nor made any expenditures on r	behalf of this committee in	accoi	dance with	the requirements of	M.G.L. c.	. 55. I have not rece	t of all ca	ampaign finance contributions,
Candidate without Committee I certify that I have examined this report including atta finance activity, including contributions, loans, receipt campaign finance activity of all persons acting under the	s, expenditures, disburseme	ents, ir	n-kind cont	ributions and liabiliti	es for this	reporting period an ents of M.G.L. c. 55	d represe	ents the
Signed under the penalties of perjury:	M. M.			(Candidate's	signature	Date: 0	4/17/2	25

### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received (alphabetical listing required) Amount (for contributions of \$200 or more)    Contributions of \$200 or more)   Contributions of \$200 or more)		Name and Residential Address	1	Occupation & Employer
	Date Received		Amount	(for contributions of \$200 or more)
		γ		
10				

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(aspanooseas aseing required)	Amount	(101 CONTAINMENTS OF \$200 OF INOTE)
TOTAL SAFETY			
			·
Line 10: Total Recei	pts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Recei	pts \$50 and under (not listed above)		should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(aiphabetical listing)	Addiess	1 di pose di Expenditure	Amount
				-
		·		
				:
L				

# **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have	itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	
	clude them in line 13. Line 14			
SHOUIU INCIUA	le only those expenditures not itemized above.	Line 14: Expenditures \$50 and u	inder (not listed above)	
		T. 45 MOM 17 WY		
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD				

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
	·			
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		
	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD				

# **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		·		
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
·	ized Out-Of-Pocket Expenditures \$50 and e)	should include only those expenditures not itemized above.	
	OF-POCKET EXPENDITURES IN THE PERIOD	← Enter on page 1 line 8	