

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

Office of Campaign and Political Finance

2025 MAR 25 AH 10: 12

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/0	01/2025 Ending Date: 3/14/2025
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election
Jessica A McCready	
Candidate Full Name (if applicable) Sudbury School Committee 3 year seat	Committee Name
Office Sought and District 127 Morse Rd, Sudbury MA 01776	Name of Committee Treasurer
Residential Address E-mail: mccready4sps@gmail.com	Committee Mailing Address E-mail:
Phone #: 781 572 7128	Phone # :
SUMMARY BALANC	CE INFORMATION:
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 7: Total (all) outstanding liabilities (page 7, line	
Line 8: Total out-of-pocket expenses this period (page	8, line 22) \$596.00
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 bes activity, 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	contributions 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 be	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 actinured any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ccordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	Candidate's signature) Date: 03/24/2025

(Candidate's signature)

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 Date Received (alphabetical listing required) Amount			Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount	(101 Contributions of \$200 of 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	Line 12: TOTAL RECEIPTS 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
				8.0
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		·		
				1
	-			
* If you hav	re itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	
and under, in	nclude them in line 13. Line 14 ude only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
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
				Para de la companya del companya de la companya de la companya del companya de la
	itemized in-kind contributions of	Line 16: In-Kind Contributions ove	er \$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 CONTRIBUTIONS IN THE PERIOD		\$0.00

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
A AND AND AND AND AND AND AND AND AND AN				
	1 11 7	Line 19: TOTAL OUTSTAN	DING LIABILITIES (ALL)	NA

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.

	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
)2/11/2025	Signs on the Cheap	\$596.00	Yard Signs
(or listed above)	nized Out-Of-Pocket Expenditures Over \$50	\$596.00	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Un under (not listed a	itemized Out-Of-Pocket Expenditures \$50 and above)		should include only those expenditures not itemized above.
Line 22: TOTAL O	UT-OF-POCKET EXPENDITURES IN THE PERIOD	\$596.00	← Enter on page 1, line 8



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

2025 MAR 24 File with: Eigor Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/	/2025 Ending Date: 3/14/2025
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	Name of Committee Treasurer
120 Powder Mill Rd, Sudbury, MA 01776 Residential Address	17 Powder Mill Rd Committee Mailing Address
E-mail: radhaforsudbury@gmail.com	E-mail: anandbangalore@hotmail.com
Phone #: 978-443-9050	Phone #: 508-330-6922
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 12)	48.92
Line 3: Subtotal (line 1 plus line 2)	48.92
Line 4: Total expenditures this period (page 5, line 15	0.00
Line 5: Ending Balance (line 3 minus line 4)	48.92
Line 6: Total in-kind contributions this period (page 6,	(ine 18) 0.00
Line 7: Total (all) outstanding liabilities (page 7, line 1	19) 357.91
Line 8: Total out-of-pocket expenses this period (page	
Line 9: Name of bank(s) used: Citizens Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, 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 Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 between the committee of the contribution).	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 3/24/2025
	he best of my knowledge and belief, a true and complete statement of all campaign finance ccordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 the	ts, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Ladre Romen Jene	(Candidate's signature) Date: 3/24/2025

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 eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. It 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 On the Province of the Address of the Province of the Address of the Province of			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
		<u> </u>		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		<u> </u>	1
Line 10: Total Recei	pts over \$50 (or listed above)	J L	* If you have itemized receipts of \$50 and
	pts \$50 and under (not listed above)	48.92	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	48.92	← 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	All	D 077	
Date I alu	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				: 1

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	-			
* 76	tonia dana 12			
and under, inclu	temized expenditures of \$50 ade them in line 13. Line 14 only those expenditures not	Line 13: Expenditures over \$50 (o		0.00
ite	omy mose expenditures not emized above.	Line 14: Expenditures \$50 and under (not listed above)		0.00
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITUR	RES IN THE PERIOD	0.00

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 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 nclude 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 it	temized in-kind contributions of	Line 16: In-Kind Contributions over	\$50 (or listed above)	
should includ	include them in line 16. Line 17 de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 a	L	
		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
1/30/2025	Radha Raman Gargeya	120 Powder Mill Rd Sudbury, MA 01776	Campaign buttons	53.00
2/15/2025	Radha Raman Gargeya	120 Powder Mill Rd Sudbury, MA 01776	website, recording,	119.13
2/15/2025	Radha Raman Gargeya	120 Powder Mill Rd Sudbury, MA 01776	Copying	183.70
2/15/2025	Radha Raman Gargeya	120 Powder Mill Rd Sudbury, MA 01776	Credit card service fees for donations	2.08
	Enter on page 1, line $7 \rightarrow$	Line 19: TOTAL OUTSTAND	ING LIABILITIES (ALL)	357.91

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
1/30/2025	Affordable Buttons 3269 19st NW #6 Rochester, MN 55901	53.00	Campaign buttons
2/15/2025	Staples 771 Boston Post Rd E, Marlborough, MA 01752	183.70	Copying
ine 20: Total Itemize	ed Out-Of-Pocket Expenditures Over \$50		
r listed above)	nized Out-Of-Pocket Expenditures \$50 and	236.70 120.54	* 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.
ne 22: TOTAL OUT-(OF-POCKET EXPENDITURES IN THE PERIOD	357.24	← Enter on page 1, line 8



Form CPF M 102: Campaign Finance Report Municipal Form SUDBURY, MASS Municipal Form SUDBURY. Office of Campaign and Political Finance 2025 MAR 24 PM 3: 10

Fill in R		, 2025	File with: City or Town Clerk or Election Come Ending Date: Mar 14, 2025
Type of	Report: (Check one)		
	y preceding preliminary 8th day preceding election	☐ 30 da	ay after election
	Lison S. Vanderels Candidate Full Name (if applicable)		Committee Name
_	S School Committee Office Sought and District Mossman RD. Sudbury MA		Name of Committee Treasurer
	Residential Address Allison. Vounderels & gmail. com	E-mail:	Committee Mailing Address (optional):
	SUMMARY BALANC	E INFO	PRMATION:
	Line 1: Ending Balance from previous report		O
	Line 2: Total receipts this period (page 3, line 11)		516.87
	Line 3: Subtotal (line 1 plus line 2)		516.87
	Line 4: Total expenditures this period (page 5, line	14)	516-87
	Line 5: Ending Balance (line 3 minus line 4)		0
	Line 6: Total in-kind contributions this period (pag	e 6)	∪ O
	Line 7: Total (all) outstanding liabilities (page 7)		0
	Line 8: Name of bank(s) used: Bank &	lmer.	ca, America Express
certify that I h tivity, includi	ommittee Treasurer: have examined this report including attached schedules and it is, to the best of hig all contributions, loans, receipts, expenditures, disbursements, in-kind cor of all persons acting under the authority or on behalf of this committee in ac	itributions a	and liabilities for this reporting period and represents the campaign
gned under t	he penalties of perjury:		(Treasurer's signature) Date:
OR CAND	IDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	nly)	
I certify that activity, of	with Committee at I have examined this report including attached schedules and it is, to the be all persons acting under the authority or on behalf of this committee in accor y liabilities nor made any expenditures on my behalf during this reporting pe	dance with t	the requirements of M.G.L. c. 55. I have not received any contribution
I certify tha finance acti	without Committee it I have examined this report including attached schedules and it is, to the be wity, including contributions, loans, receipts, expenditures, disbursements, in inance activity of all persons acting under the authority or on behalf of this ca	 kind contril 	ibutions and liabilities for this reporting period and represents the
ned under th	ne penalties of perjury: Alleson S. Vande	als	(Candidate's signature) Date: 3/24/25

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
	Allison Vandur Es	y	ANalyst		
2-16	96 Mossmer RO Salhung 96 Mossmer RO Sulhung 96 Mossmer RO Sulhung	415	Amentum		
	1011 1 0 5 CE (Amentum Analzit Amentum		
2-12	411.502 Vans (21)	101-87	0		
	96 Moss Mer (11 308 15)		Hmentun		
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·					
Line 9: Total Recei	pts over \$50 (or listed above)	516.87			
Line 10: Total Rece	ipts \$50 and under* (not listed above)				
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	516.87	← Enter on page 1, line 2		
			d include only those receipts not itemized above.		

^{*} 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 (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2-17-	bolcdd y	ortine	Ema.	10/87
2-11	bolady Abt braffics	0~1.~	Campeign Signage	415.00
				8, 40 22440 (F. 41 0080) F. 41 (F. 10 000)
		·		·
				·
			·	
		Line 12: Expenditures over \$50	(or listed above)	516.87
		Line 13: Expenditures \$50 and		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 5/6.87				

^{*} 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 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
E				
				-
		·		
	<u>`.</u>			
	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

____(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 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. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. ttach 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 (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	E-MARKAN MARKAN MARKAN MARKAN MARKAN	
	I remanuation and a second and a	
	Name and Residential Address (alphabetical listing required)	

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	ipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
Line 11: Total Receipts \$50 and under (not listed above)			under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	-0-	← 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
	(4.57.43.64.44.43.64.43.64.43.64.43.64.43.64.43.64.43.64.43.64.43.64.43.64.44.44.43.64.43.64.43.64.43.64.43.64.43.64.43.64.43.64.43.64.43.64.44.43.64.45.44.45.44.45.44.45.45.45.45.45.45.45	T T T T T T T T T T T T T T T T T T T	1 di pose di Expenditure	Amount
	LANGUARANCH MANAGER MA			
			L. L	<u> </u>

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
and under, in	e itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		
should includ	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and u	under (not listed above)	Lanceston and the second
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD				-0-

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 nclude the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
]		
Pitching and the second				
* If you have it	temized in-kind contributions of	Line 16: In-Kind Contributions over	\$50 (or listed above)	
should includ	include them in line 16. Line 17 le only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 a	L.	
	Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD			-0-

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
				1
1	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	OING 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.

Data Data	Name and Address of Vendor		D 45
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
2/27/25	Connolly Printing 17B GIII St.	\$17.95,63	200 Lawnsigns
d/27/23	Woborn, MA 01801	71770,60	and frames
2/12/25	Squarespace 225 Varick St.	\$14.00	Domain name
	New York, NY 10014	19.00	
2/27/25	1 20 % Varick Sto	\$204.00	Website hosting
	Squarespace 225 Varick St. New York, NY 10014	Δο 7,00	,
		THE PROPERTY OF THE PROPERTY O	
Line 20: Total Itemize	ed Out-Of-Pocket Expenditures Over \$50		
(or listed above)	a out of tocket Expenditures over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
	nized Out-Of-Pocket Expenditures \$50 and		should include only those expenditures not
under (not listed abov			itemized above.
Line 22: TOTAL OUT-0	DF-POCKET EXPENDITURES IN THE PERIOD	\$2013.63	← 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 Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date: 01/0	01/2025 Ending Date: 03/14/2025					
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution					
Charles I Marter IV						
Charles I Morton, IV Candidate Full Name (if applicable)	Committee Name					
Lincoln Sudbury Regional School District Committee	Committee Name					
Office Sought and District	Name of Committee Treasurer					
35 Julians Way Sudbury MA 01776 Residential Address	Committee Mailing Address					
E-mail: MortonforLS@gmail.com	E-mail:					
Phone #: (617) 821-3798	Phone #:					
SUMMARY BALANC	CE INFORMATION:					
Line 1. Ending Polonge from provious report	-0- S - C - C					
Line 1: Ending Balance from previous report						
Line 2: Total receipts this period (page 3, line 12)	-0- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Line 3: Subtotal (line 1 plus line 2)	FO- SC					
Line 4: Total expenditures this period (page 5, line 15)	-O- I.S. S. I.S.					
Line 5: Ending Balance (line 3 minus line 4)	-O- YS					
Line 6: Total in-kind contributions this period (page 6,	line 18) -0-					
Line 7: Total (all) outstanding liabilities (page 7, line 1	9) -0-					
Line 8: Total out-of-pocket expenses this period (page 8	3, line 22) \$340.00					
Line 9: Name of bank(s) used:						
A SE Janita of Carmitta Turn						
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) Date:						
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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.					
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	in-kind contributions and liabilities for this reporting period and represents the					
Signed under the penalties of perjury:	(Candidate's signature) Date: 03/24/2025					

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.

	eeded to report all receipts. Please include the cane Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)

ŀ			
was state of the s			

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			3
	70.		·
	·		
Line 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and
Line 11: Total Recei	pts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL RECEIPTS 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			A 4
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		,		
		1000		

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	700000			
			:	
* If you have	itemized expenditures of \$50	Line 13: Expenditures over \$50 ((or listed above)	
should include	lude them in line 13. Line 14 e only those expenditures not itemized above.	Line 14: Expenditures \$50 and u	nder (not listed above)	
,	Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD			
Enter on page 1, line 7.				

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	Line 16: In-Kind Contributions ove	er \$50 (or listed above)	
\$50 and under should inclu	, include them in line 16. Line 17 ude 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
Version				
	1/4	·		
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	OING 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
3/3/2025	A.G.E Graphics, LLC 52231 State Route 248	\$340.00	Yard Signs
(or listed above)	ized Out-Of-Pocket Expenditures Over \$50	\$340.00	* 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 ab	*	\$0.00	itemized above.
Line 22: TOTAL OU	I-OF-POCKET EXPENDITURES IN THE PERIOD	\$340.00	← Enter on page 1, line 8 Page 8



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

or Massachusetts	File with: City or Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date: 1/1	/2025 Ending Date: 3/24/2025		
Type of Report: (Check one)			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution		
Elizabeth Sues			
Candidate Full Name (if applicable) Sudbury School Committee	Committee Name		
Office Sought and District 90 Ruddock Rd, Sudbury, MA 01776	Name of Committee Treasurer		
Residential Address E-mail: elizabeth82@gmail.com	Committee Mailing Address E-mail:		
Phone #: 708-220-2507	Phone #:		
SUMMARY BALANCE	CE INFORMATION.		
SUMMART BALAN	CE INFORMATION:		
Line 1: Ending Balance from previous report			
Line 2: Total receipts this period (page 3, line 12)	0		
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)	Ô		
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) 3,770.29		
Line 9: Name of bank(s) used:	NA		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, 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	contributions 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 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 actincurred any liabilities nor made any expenditures on my behalf during this reporting	be best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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	s, in-kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.		
Signed under the penaltics of perjury:	(Candidate's signature) Date: 3/24/2025		

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		Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 of more)
1	·		
	·		
	·		
	·		
			×

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
Line 11: Total Receipts \$50 and under (not listed above)			under, include them in line 10. Line 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		D CE 14	A A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			`	
			,	
			,	
100				
		·		
				<u> </u>

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 13: Expenditures over \$50 (or listed above)		
		Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4	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 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

	or committee name and a-page numbe	r on each additional page.	, g	The state of the s
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	,			
* 16				
\$50 and under, inc	nized in-kind contributions of clude them in line 16. Line 17	Line 16: In-Kind Contributions over \$	50 (or listed above)	
should include (only those expenditures not emized above.	Line 17: In-Kind Contributions \$50 an	d under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTRIB	SUTIONS 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
2/18/25	AnyPromo.com 1511 E. Holt Blvd. Ontario, California 91761	403.71	Magnets
2/18/25	Reimbold Printing 5171 Blackbeak Dr. Saginaw, MI 48604	975.00	Yard Signs
8/15/25	US Post Office 18 Union Ave. Sudbury, MA 01776	851.41	Postage
8/11/25	Vista Print 95 Hayden Ave. Lexington, MA 02421	1,083.73	Postcard
3/15/25	Vista Print 95 Hayden Ave. Lexington, MA	260.99	Palm Card
1/18/25	Wix.com 100 Gansevoort St. New York, NY 10014	32.25	Website
1/18/25	Wix.com 100 Gansevoort St. New York, NY 10014	38.25	Website
1/18/25	Wix.com 100 Gansevoort St. New York, NY 10014	15.30	Website
2/18/25	Wix.com 100 Gansevoort St. New York, NY 10014	38.25	Website
2/18/25	Wix.com 100 Gansevoort St. New York, NY 10014	15.30	Website
3/18/25	Wix.com 100 Gansevoort St. New York, NY 10014	38.25	Website
3/18/25	Wix.com 100 Gansevoort St. New York, NY 10014	17.85	Website
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50		3,770.29	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
(or listed above) Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		3,770.29	← Enter on page 1, line 8



Form CPF M 102: Campaign Finance Reportury, MASS **Municipal Form**

Office of Campaign and Political Finance

2025 APR -1 1PM 1: 04

of Massach	nusetts		Filo with	: City or Town Clerk	or Elaction Commission
Fill in F	Reporting Period dates: Beginning Date: 2/ :	3/2025	Ending Date:		25
	f Report: (Check one) ay preceding preliminary	30 day a	ifter election y	ear-end report	dissolution
	Till Ki. Caseria Candidate Full Name (if applicable)		Comr	nittee Name	
Goo	Office Sought and District		Name of Cor	mmittee Treasurer	
524	Concord Rd, Sudbary WA 01776 Residential Address		Committee	Mailing Address	
Telephone N	Number (optional):	Telephone N	lumber (optional):		
	SUMMARY BALANC	E INFOR	MATION:		
	Line 1: Ending Balance from previous report		Ø		
	Line 2: Total receipts this period (page 3, line 11)		Ø		
	Line 3: Subtotal (line 1 plus line 2)		Ø		
	Line 4: Total expenditures this period (page 5, line	14)	Ø		
	Line 5: Ending Balance (line 3 minus line 4)		Ø		
	Line 6: Total in-kind contributions this period (pag	e 6)	Ø		
	Line 7: Total (all) outstanding liabilities (page 7)		Ø		
	Line 8: Name of bank(s) used: N /24		***************************************		
ertify that I flivity, includ	Committee Treasurer: have examined this report including attached schedules and it is, to the best of hing all contributions, loans, receipts, expenditures, disbursements, in-kind coi y of all persons acting under the authority or on behalf of this committee in ac	ntributions and l	liabilities for this reporting :	period and range ante	ampaign finance the campaign
	the penalties of perjury:		(Treasurer's signature)	Date:	
Candidate Learnify the activity, of	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the beful persons acting under the authority or on behalf of this committee in accoming that hitters nor made any expenditures on my behalf during this reporting persons.	est of my knowl	ledge and belief, a true and requirements of M.G.L. c.	complete statement of 55. I have not receive	all campaign tinance dany contributions,
I certify the finance as t	e without Committee OR Candidate with independent activity filing sepa ast I have examined this report including attached schedules and it is, to the be tivity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this co	st of my knowl i-kind contribut	ions and liabilities for this r	remorting period and o	all campaign presents the
					Managagagagagaran kandagagagagagagagagagagagagagagagagagaga



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

Office of Campaign and Political Finance

2025 MAR 25 AH 10: 12

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01/	01/2025 Ending Date: 03/14/2025
Type of Report: (Check one)	
☐ 8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution
Anuraj Shah	
Candidate Full Name (if applicable)	Committee Name
Sudbury Planning Board	
Office Sought and District 257 Concord Rd. Sudbury, MA 01776	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: anuraj.d.shah@gmail.com	E-mail:
Phone #: 978-201-5481	Phone #:
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	0
	0
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 15) . [0
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, line 1	(9)
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0
Line 9: Name of bank(s) used: None	
Leave to a Company of the Company of	
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 finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	Date:
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 actincurred any liabilities nor made any expenditures on my behalf during this reporting	be best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, as 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 the	s, in-kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 03/24/2025