

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

Office of Campaign and Political Finance

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10WN CLERK'S OF FIGURE OF Town Clerk or Election Commission

ill in Reporting Period dates: Beginning Date: 3 2022 Manage Date: 11: 28
ype of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Laura Ann Tuck  Candidate Full Name (if applicable)  School Committee Name  Office Sought and District  Name of Committee Treasurer  Name of Committee Treasurer  Name of Committee Mailing Address  Committee Mailing Address  E-mail:
none # (optional): Phone # (optional):
SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:
ertify 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 ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign ance 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.
gned under the penalties of perjury:(Treasurer's signature) Date:

	Line 5: Ending Balance (line 3 minus line 4)
	Line 6: Total in-kind contributions this period (page 6)
	Line 7: Total (all) outstanding liabilities (page 7)
	Line 8: Name of bank(s) used: Rank of Amenica
I certify that I had activity, including finance activity	ommittee Treasurer: 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 ing all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  The penalties of perjury:  Date:
	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
I certify th activity, of	e with Committee  nat 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 fina f all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution ny liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.
I certify th	e without Committee nat 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 tivity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under (	the penalties of perjury: (Candidate's signature) Date: 4/25/202

## **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address	.	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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	A manufacture of the state of t		
		1	
ine 9: Total Rece	sipts over \$50 (or listed above)		
ne 10: Total Rec	eipts \$50 and under* (not listed above)		
ine 11. TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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