

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

(O) (A) (O) (A) (O) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: May 8).	25 Ending Date: $6/(2/23)$
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30	day after election year-end report dissolution
MARTIN EDWARD FLOOD Condidate Full Name (Franciscople)	Mosty Flood 2038 Planning Board Committee Name Nancy Cannalorga Name of Committee Treasurer
Candidate Full Name (if applicable)	Nancy Campalorge
Office Sought and District 31 Mickory Hill Rd Mandestor, MA	31 Hickory Hill Rd. Mandester, MA 01944
Residential Address E-mail: mart / flood @ comcast net E-ma	Committee Mailing Address nil: Mart flood @ comest net
	e # (optional): (978) 473 - 9884
(973) 413- 138	(478) 415 (804)
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	B 452,50
Line 2: Total receipts this period (page 3, line 11)	\$ 0.00
Line 3: Subtotal (line 1 plus line 2)	\$ 452.50
Line 4: Total expenditures this period (page 5, line 14)	\$ 700,00
Line 5: Ending Balance (line 3 minus line 4)	-\$247.50
Line 6: Total in-kind contributions this period (page 6)	\$.00
Line 7: Total (all) outstanding liabilities (page 7)	- \$ 247.50
Line 8: Name of bank(s) used: Nav j feedard	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my k activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributing finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury: **Authorized** **Authoriz	tions and liabilities for this reporting period and represents the campaign
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 activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period	e with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this candidate.	d contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 6/12/23

SCHEDULE A: RECEIPTS

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

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

Port 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)	
			(as contributions of \$200 of more)	
The state of the s				
	The second secon	P0 - ***********************************		
		programme circumstantial and delegation and delegat		
		[PATTON DATA PATTON DE LA PATTO	Park the control of t	
			Fundamental Control of	
n 100 currence e esta statific known 34 commensus and	The second secon	protest constraint benefit to the constraint of		
ine 9: Total Rece	ipts over \$50 (or listed above)	\$10.00		
		Para 2000 000 000 000 000 000 000 000 000 0		
ine 10: Total Rece	eipts \$50 and under* (not listed above)	\$0,00		
ing 11. TOTAL	DECEIDES IN THE DEDICE	4000	1	
ane 11: IUIAL I	RECEIPTS IN THE PERIOD	\$ 0.00	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Personal de la constante de la			
		Potential and a second a second and a second a second and	
and the second s		harman and a control of the control	
THE PROPERTY OF THE PROPERTY O			
The Prince And Control of Control			
The second secon		Page (Talanta de Palanta de Calanta de Calan	
		PARTITION AND AREA SOURCE AND AREA SOURCE AND AREA AND AR	J L
]
Lina O. Tatal Da	into over \$50 (or listed above)	Programme and the second secon	7
EMIC 9; TOTAL RECE	ipts over \$50 (or listed above)	PROCESSOR AND CONTRACT AND CONT	
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	Processing and the second seco	To Francisco I line 2
		o O Line 10 chay	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

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

eport all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
My 873	Madosta lingium Legion Post	14 doubt st. Mandates, M.	Meet and Greet	\$ 300,00
My 23, C3	Archimedin Subin	11 Shum St. Danvors, MA - 0973	SignS	\$ 1000
17 THE RESERVE TO SERVE THE RESERVE THE RESER	CALLES AND THE RESIDENCE AND THE PROPERTY OF T	The state of the s	The second secon	
Later and the second se		Line 12: Total Expenditures ov		4300,to
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Durmaga of Evmanditure	A
Date Laid	(aiphabetical listing)	Audress	Purpose of Expenditure	Amount
				Table 1
arril er				**************************************
N data (1 to 1 t				PARTICULAR PROPERTY AND ADDRESS OF THE PARTICULAR PROPERT
	The second section of			I I I I I I I I I I I I I I I I I I I
· ·	The state of the s	A THE STATE OF THE		
		E-planting the second s		
				Harris Company
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	Each depression of the second
		Line 14: TOTAL EXPENDI	FURES IN THE PERIOD should include only those expenditure	

^{*} 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	
			·		
				Professional and a second and a	
		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				

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

Page 6

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount



Form CPF M 102: Campaign Finance Report

Municipal Form
TOWN CLERK
Office of Campaign and Political Finance HESTER by the SEA

Commonwealth of Massachusetts	File with: City or Town Clerk br Election Commission
Fill in Reporting Period dates: Beginning Date: 05/07,	
Type of Report: (Check one)	□ 30 day after election □ year-end report □ dissolution
Hanson-Philbrick, Susan	Committee to Elect Susan Hanson-Philbrick
Candidate Full Name (if applicable)	Committee Name
Planning Board/Manchester-by-the-Sea Office Sought and District	Samuel Philbrick Name of Committee Treasurer
17 Loading Place Road, Manchester MA 01944	17 Loading Place Road, Manchester, MA 01944
Residential Address	Committee Mailing Address
E-mail: samuel.philbrick@gmail.com	E-mail: samuel.philbrick@gmail.com
Phone # (optional): 617-680-8014	Phone # (optional): 617-680-8014
SUMMARY BALANC	TE INFORMATION:
SUMMANT BALANC	
Line 1: Ending Balance from previous report	\$1,367.51
Line 2: Total receipts this period (page 3, line 11)	\$1.02
Line 3: Subtotal (line 1 plus line 2)	\$1,368.53
Line 4: Total expenditures this period (page 5, line	e 14) \$410.00
Line 5: Ending Balance (line 3 minus line 4)	\$958.53
Line 6: Total in-kind contributions this period (pa	sge 6) \$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used: Cape Ann Savings Ba	ank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	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:
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the	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, a period that are not otherwise disclosed in this report.
Si I de la companya della companya della companya de la companya della companya d	Date: 6/12/23

SCHEDULE A: RECEIPTS

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

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

eport 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)	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$0.00		
		\$1.02		
Line 10: Total Reco	eipts \$50 and under* (not listed above)	Τ		
11. MOORDAT	DECEIDTS IN THE DEDION	\$1.02		
ine II: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

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

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

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

report 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
5/15/2023	Manchester Cricket	11R Beach Street	Newspaper Advertisement	\$410.00
		Manchester, MA 01944		
-			La L	
		A CONTRACTOR OF THE CONTRACTOR		
	J L			
	J			
]			
		1. 10 5 15	050 (11 1 1 1	\$410.00
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 12, T-4-1 D-11	0 and maden# (+1!-4 1 1 1	\$0.00
		Line 13: Total Expenditures \$5	o and under (not listed above)	
	Enter an accordance A	Line 14, TOTAL EVDENDIT	TIDES IN THE DEDIOD	\$410.00
	Enter on page 1, line $4 \rightarrow$			
		er, include them in line 12. Line 13 s	11.1 !111	

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				111
				1
· · · · · · · · · · · · · · · · · · ·				
		Line 12: Expenditures over \$5	50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

^{*} 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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	\$0.00

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

Page 6

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
W-100				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	\$0.00



Form CPF M 102: Campaign Finance Report Municipal Form MANCHESTER by the SEA Office of Campaign and Political Finance 2023 MAY 25 PM 4: 31

or musicinistris	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4/2	29/2023 Ending Date: 6/5/2023
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election
Ann Ward Harrison	
Candidate Full Name (if applicable) Member, Select Board	Committee Name
Office Sought and District 13 Tuck's Point Road, Manchester, MA 01944	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: ann@qbeast.net	E-mail:
Phone # (optional): 978 491 7051	Phone # (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 1	1)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, l	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	7)
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee	post of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign 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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting 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 finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 5/25/23



Form CPF M 102: Campaign Finance Report

Municipal Form

TOWN CLERK MANCHESTER by the SEA

Office of Campaign and Political Finance

. 2023 JUN -7 PM 1: 06

	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 5	10/23 Ending Date: 6/7/23			
Type of Report: (Check one)				
	30 day after election year-end report dissolution			
	[200 day after election] year-end report] dissolution			
Christyhur G Olvey Candidate Full Name (if applicable)	Olvey for MPB Committee Name			
Planning Board	Richard Axel Magnuson			
10 Old Neck Rd, Mounterter, MA Residential Address	10 Old Weste Rd Manches ter MA			
E-mail: Olney @ concast net	Committee Mailing Address E-mail: Olvey © Cuvast, vet			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	87.95			
Line 2: Total receipts this period (page 3, line 11)	375.00			
Line 3: Subtotal (line 1 plus line 2)	412.95			
Line 4: Total expenditures this period (page 5, line	e 14) 410.00			
Line 5: Ending Balance (line 3 minus line 4)	2.95			
Line 6: Total in-kind contributions this period (pa	ge 6)			
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used: Bank	or America			
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: Date: Tues 7 202 3				
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 knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.				
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: (Candidate's signature) Date: 6/7/23				

SCHEDULE A: RECEIPTS

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

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

eport all receipts. Please include your committee name and a page number on each page.)				
Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
Susm Thorne 9 Saw Mill Circle, Mandester MA	100.00			
Frances Coundhill 16 Magnoria Ave, Manduster, MA	<i>25</i> .02			
Anuta Brewer-Silzeholm 6 Pulas Ri Dr., Manurester. MA	S0.00			
Gretchen Wood 19 Broomst, Manasta, MA	50.00			
Savan Hummond Creighton 37 Proctor St., Mandistri, HA	(100°20)			
Line 9: Total Receipts over \$50 (or listed above) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
eipts \$50 and under* (not listed above)				
RECEIPTS IN THE PERIOD	← Enter on page 1, line 2			
	Name and Residential Address (alphabetical listing required) Susm Phorne 9 Saw Mill Circle, Munduster HA Frances Cound hill 16 Magnoria Ave, Munduster, MA Anita Brewer-Silzeholm 6 Pulus Ri Dr., Manuester, MA Gretchen Wood 19 Broom St, Munduster, MA Savan Hummand Creighten 37 Proctor St., Manduster, HA	Name and Residential Address (alphabetical listing required) Susm Thorne 9 Saw Mill Circle, Mandaster HA Trumas Caund hill 16 Magno ha Pare, Mandaster, MA Breuer - Silzeholm C Pulas Ri Dr., Mandaster, MA Gretchen Wood 19 Broom St, Mandaster, MA So. 00 Sarah Humman Creighten 37 Proctor St., Mandasker, MA 100.00		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

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

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/15/23	Munduater Cricket	11 R. Beuch ST Mundoster, MA	Newspaper Ad	410.00
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	410,00
Line 13: Total Expenditures \$50 and under* (not listed above)			J	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	4.110.00

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

Page 4



Form CPF M 102: Campaign Finance Report TOWN CLERK MANCHESTER by the SEA Office of Campaign and Political Finance

2023 JUN -5 PM 1:54

Fill in Reporting Period dates: Beginning Date: Apr 29, 2023 Ending Date: Jun 5, 2023				
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election			
John Round	No Committee			
Candidate Full Name (if applicable) Select Board Member	Committee Name			
Office Sought and District	Name of Committee Treasurer			
3 Greenbrier Road, Manchester, MA 01944				
Residential Address E-mail: jroundiii@aol.com	Committee Mailing Address E-mail:			
Phone # (optional): (978) 902-3913	Phone # (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	0			
Line 2: Total receipts this period (page 3, line 11)				
Line 3: Subtotal (line 1 plus line 2)	0			
Line 4: Total expenditures this period (page 5, line	e 14) 0			
Line 5: Ending Balance (line 3 minus line 4)	0			
Line 6: Total in-kind contributions this period (page)	ge 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used:				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of 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 best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.				
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of 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: Jun 1, 2023				