

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

MANCHESTER by the SEA

2024 JAN -4 PM 5: 15

Date: 1/4/2024

(Candidate's signature)

File with: City or Town Clerk or Election Commission **Ending Date:** Dec 31, 2023 Fill in Reporting Period dates: Beginning Date: Jun 16, 2023 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election ☐ dissolution year-end report **Brian Sollosy** Candidate Full Name (if applicable) Committee Name Selectman Office Sought and District Name of Committee Treasurer 11 Central Street, Manchester, MA 01944 Committee Mailing Address Residential Address brian.sollosy@comcast.net E-mail: (978) 525-8770 Phone # (optional): Phone # (optional): **SUMMARY BALANCE INFORMATION:** 0 **Line 1:** Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 0 0 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 0 0 **Line 5:** Ending Balance (line 3 minus line 4) 0 **Line 6:** Total in-kind contributions this period (page 6) 0 Line 7: Total (all) outstanding liabilities (page 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 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: 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.



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
MANCHESTER by the SEA

Please print or type all information, except signatures.

City or Town of:	Manchester-by-the-Sea			
Reporting Period:		(YYYY/DD/MM)	Ending: 12/31/2023	(MM/DD/YYYY)
Type of Report: (Check One)	heck One)			1
☐ 8th day preced	8th day preceding preliminary/primary 28th day pr	8th day preceding election 30th day follow	30th day following election (town or special)	X 20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not r	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expend	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence of the contribution	gations during this reporting period, and	lo not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/3/24	Alan Wilson	Olem Wilson	5 Spy Rock Hill	Moderator



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: 1/1/	2023 Ending Date: 12/13/1
Type of Report: (Check one) Sth day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
Elizabeth A Heisey	none
Candidate Full Name (if applicable) Manchester Housing Authority	Committee Name
Office Sought and District	Name of Committee Treasurer
	Committee Mailing Address
Residential Address E-mail: bbheisey@hotmail.com	E-mail:
Phone #: 978-526-4880	Phone #:
SUMMARY BALAN	CE INFORMATION:
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 1)	5) 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	19) 0
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22) 0
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 b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.
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, ing 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: Elicabeth a	11a Date: 12 12 2



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

City or Town of:	Manchester by the Sea		47.5	Please print or type all information, except signatures.
Reporting Period	d: Beginning: 01/01/2023		Ending: 12/31/2023	4.4.425.42455
		(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report: (Check One)			
8th day preced	ding preliminary/primary 8th day pr	receding election 30th day follows	ing election (town or special)	20th day of January (Year-End report)
2. I certify th	at I am a candidate for or currently hold M	ade any expenditures, or incurred any oblig	gations during this reporting period,	and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
12/14/2023	Ronald Mastrogiacomo	Cam ///	9 Masconomo St.	Planning Board
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Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CONSTABLE	212 SCAMMER	De Master	6. David MacDougall	Ce/ci/12/
OFFICE SOUGHT	(Street and Number)	Signed under the penalties of perjury	PRINT NAME Sig	DATE
not have a campaign fund in existence.	ations during this reporting period, and do	al Office. y expenditures, or incurred any oblig	1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.	1. I certify that 2. I certify that 3. I certify that
			hapter 55:	Pursuant to M.G.I. Chapter 55:
20th day of January (Year-End report)	(town or special)	ng election 30th day following election	8th day preceding preliminary/primary 8th day preceding election	8th day precedin
			ck One)	Type of Report: (Check One)
(MM/DD/x x x x)		<u>//DD/YYYY)</u>	/ / (MN	,
3	Ending: 12/31/2023	0)23	Beginning: 01/01/20	Reporting Period:
I tease bitti or syre att injormation, except organismos	i retise	-80	Manchester-by-4	City or Town of:
wint or time all information except signature.	Plansa			



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: 6/	7/23 Ending Date: 12/15/23
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election
Christopher G. Olner	Olvey for MPR
Candidate Full Name (if applicable)	Ruhand Axel Maguson
10 Old New Rd Manchester	Name of Committee Treasurer (0 0 Ld Weeld, Mancher, MA
Residential Address E-mail: Olvey @ Comcast. net	E-mail: Committee Mailing Address Committee Mailing Address
Phone #: 694-3419	Phone #: 617 6 97 - 3 419
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	2.95
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	2.95
Line 4: Total expenditures this period (page 5, line 15)	2.95
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6, 1	line 18)
Line 7: Total (all) outstanding liabilities (page 7, line 19	3)
Line 8: Total out-of-pocket expenses this period (page 8	, line 22)
Line 9: Name of bank(s) used:	of Pomeir ca
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	k only)
activity, of all persons acting under the authority or on behalf of this committee in acc 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	s, in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periury:	(Candidate's signature) Date: $\frac{12/13}{23}$

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 D. 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
12/15/23	Friends of the Council on Aging	P.O. Box 2 by Manchester. NA DY944	Chunitable Contribution	2.95
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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 6/18/	•
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election
Ann W. Harrison	N/A Committee Name
Candidate Full Name (if applicable) Select Board Member	Commutee Name
Office Sought and District	Name of Committee Treasurer
13 Tuck's Point Road, Manchester, MA 01944 Residential Address	Committee Mailing Address
E-mail: ann@QBeast.net	E-mail:
Phone # (optional): 978 491 7051	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, lin	e 14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: N/A	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind 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 be 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 activity, of all persons acting under the authority or on 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, disbursement campaign finance activity of all persons acting under the authority of on behalf of the	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: Date: Ox only) The 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. The best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 12/6/2023

SCHEDULE A: RECEIPTS (continued)

Data Dandyad	Name and Residential Address	A	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Line 9: Total Rece	ripts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
			1
	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 (continued)

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

Office of Campaign and Political Finance

UI WASSACHUSCUS	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jun 18	8, 2023 Ending Date: Dec 31, 2023
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
John J Round	No Committee
Candidate Full Name (if applicable) Select Board Member	Committee Name
Office Sought and District 3 Greenbrier Rd, Manchester, MA 01944	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: jroundiii@aol.com	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)	0
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)	O
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 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:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x 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	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, a 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 duthority 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 penalties of perjury:	(Candidate's signature) Date: 12.11.23



TOWN CLERK MANCHESTER by the SEA Municipal Fam

FOWN CLERK
MANCHESTER by the SEA

Please print or type all information, except signatures.

City or Town of: Mancheste

Office of Campaign and Political Finance

Reporting Period: Beginning: 01/01/ Ending: 12/31/2023

Hanning Doard	1 Floski Dave		M M	Mary Dev	12/1/23
OFFICE SOUGHT	RESIDENTIAL ADDRESS (Street and Number)	SIGNATURE Signed under the penalties of perjury		PRINT NAME	DATE
o not have a campaign fund in existence.	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.	fice. penditures, or incurred any oblig	urrently hold Municipal Of contributions, made any exp committee.	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expend 3. I certify that I do not have a political committee.	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not ro 3. I certify that I do not hav
20th day of January (Year-End report)	30th day following election (town or special)		☐ 8th day preceding election	Type of Report: (Check One) 8th day preceding preliminary/primary	Type of Report: (Check One) ☐ 8th day preceding prelimi
			•		

						12/1/23	DATE
						Mary Dew	PRINT NAME
					C	Mary Line	SIGNATURE Signed under the penalties of perjury
						1 Flash Dave	RESIDENTIAL ADDRESS (Street and Number)
						Hanning Doard	OFFICE SOUGHT



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

							2023	O A		Shirth proceding pedan		The same of the sa	Charle
THE PARTY OF THE P						5	Erica Spencer	PRINT NAME	CLL Chapter 55: that I am a candidate for or currently ho that I have not received any contribution that I do not have a political committee.	Nik day proceeding prefeminary primary	Reginting:	ではなれて、ベタ	
The state of the s							June 9		CLL Chapter 55: that I am a candidate for or currently hold Municipal Office. that I have not received any contributions, made any expend that I do not have a political committee.	8th day preceding election	1/1/23 (MAIDEANNA)		
							8	SIGNATURE Signed under the penalties of perjury	ee. inditures, or incurred any o			es y et 1910 ka dendik anet 1900-en 90en 90en 1910 ka denem oderadien bilden en en de en ka den en ka den en e Per en hande en	- t
							18 Pine St	RESIDENTIAL ADDRESS (Street and Number)	bligations during this reporting peri	30th day following election (town or special)	Ending: 12/31/2		
							School Commi	OFFICE SOUGHT	CLL Chapter 55: that I am a candidate for or currently hold Municipal Office. that I am a candidate for or currently hold Municipal Office. that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence, that I do not have a political committee.	20th day of January (Year-End report)	(MMIDID YYYYY)	Please print or type all information, except signatures	
The first of the second							m, thee	H	n existence.	тероп)		cept signatures	



City or Town of:

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

MANCHESTER Please print or type all information, except signatures.

Reporting Period:	Beginning:	01/01/2023	Ending:	MM/DD/YYYY)
		(INTALL DOLLET IN		
Type of Report: (Check One)	One)			
Sth day preceding preliminary/primary	eliminary/primary	☐ 8th day preceding election	30th day following election (town or special	ecial) 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

- 1. I certify that I am a candidate for or currently hold Municipal Office.
 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
 3. I certify that I do not have a callification committee.

					2-42-21	12/21/23	12/13/23	12/4/033	DATE	I certify that
					KEVIN LEACH	Resocra C Trave	Eretchen A. Wood	ELAINE C TERSONS	PRINT NAME	3. I certify that I do not have a political committee.
	-				Sent Harl	& AMILY	Durchen Q. Mosel	Coloured insor	SIGNATURE Signed under the penalties of perjury	
					33 SUMMERCT	22 Forster Rd	19 Book St	1 TANSLEWOOD Rd	RESIDENTIAL ADDRESS (Street and Number)	
The second secon					CONSTABLE	Select Grand	MHA	Abusing CHAIR	OFFICE SOUGHT	



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

MANCHESTER by the SEA

of Massachusetts	File with City or Town Clerk or Election Commission								
Fill in Reporting Period dates: Beginning Date: 6/18	8/2023 Ending Date: 12/31/2023								
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election								
Hanson-Philbrick, Susan Candidate Full Name (if applicable) Planning Board/Manchester-by-the-Sea	Committee to Elect Susan Hanson-Philbrick Committee Name Samuel Philbrick								
Office Sought and District 17 Loading Place Road, Manchester, MA 01944 Residential Address E-mail: samuel.philbrick@gmail.com Phone #: 617-680-8014	Name of Committee Treasurer 17 Loading Place Road, Manchester, MA 01944 Committee Mailing Address E-mail: samuel.philbrick@gmail.com Phone #: 617-680-8014								
SUMMARY BALANCE INFORMATION:									
Line 1: Ending Balance from previous report	\$958.53								
Line 2: Total receipts this period (page 3, line 12)	\$1.43								
Line 3: Subtotal (line 1 plus line 2)	\$959.96								
Line 4: Total expenditures this period (page 5, line 15	5) \$0								
Line 5: Ending Balance (line 3 minus line 4)	\$959.96								
Line 6: Total in-kind contributions this period (page 6	6, line 18) \$0								
Line 7: Total (all) outstanding liabilities (page 7, line	19) \$0								
Line 8: Total out-of-pocket expenses this period (page									
Line 9: Name of bank(s) used: Cape Ann Sav	vings Bank								
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority of on behalf of this committee is Signed under the penalties of perjury:	ad condributions and liabilities for this reporting period and represents the campaign								
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 l	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 cardidate in accordance with the requirements of M.G.L. c. 55. Date: 01-07-2024									

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 E 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	Name and Residential Address (alphabetical listing required)	Amount	name and a page number on each additional page. Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical fisting required)	Amount	(for contributions of \$200 of more)
		<u> </u>	
		1 -	
		1	
		J L	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Production of the Control of the Con			
Line 10: Total Rec	eipts over \$50 (or listed above)	\$0	* If you have itemized receipts of \$50 and
	eipts \$50 and under (not listed above)	\$1.43	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 D. 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		artimonistic and the control of the	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
The state of the s				

SCHEDULE B: EXPENDITURES (continued)

D-4- D-11	To Whom Paid	Addussa	Dumage of Evnenditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Factor of the second se				
* If you hav	re itemized expenditures of \$50 nclude them in line 13. Line 14	Line 13: Expenditures over \$50	\$0	
should inclu	ide only those expenditures not	Line 14: Expenditures \$50 and	\$0	
	itemized above.		\$0	
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	UKES IN THE PERIOD	φυ

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	itemized in-kind contributions of	Line 16: In-Kind Contributions	over \$50 (or listed above)	\$
	include them in line 16. Line 17 de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$	650 and under (not listed above)	\$
	itemized above. Enter on page 1, line $6 \rightarrow$	Line 10. TOTAL IN MIND CON	NTRIBUTIONS 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
				The second secon
Parish the second of the secon				

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
		Maria de la companya	
The second secon			
Line 20 Th (17)	and Out Of Perlast Franchism Out 950		
Line 20: Total Itemi (or listed above)	zed Out-Of-Pocket Expenditures Over \$50	\$0	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unite	emized Out-Of-Pocket Expenditures \$50 and	\$0	should include only those expenditures not
under (not listed abo			itemized above.
Line 22: TOTAL OUT	T-OF-POCKET EXPENDITURES IN THE PERIOD	\$0	← Enter on page 1, line 8 Page 8



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

(MM/JD/YYYY; GUMM)			(MM/DD/YYYY)		
	Ending: 12.31.2023	Ending:		Beginning: 01.01.2023	Reporting Period:
- Colorador Colo			And the state of t	City or Town of: Manchester-by-the-Sea, MA	City or Town of: M
Please print or type all information, except signatures.					
					of Massachusetts

- 8th day preceding preliminary/primary
- Type of Report: (Check One)
- 8th day preceding election 30th day following election (town or special) 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.

DATE	DATE PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
12.31.2023	Laura Tenny	Caren Cerm	86 Pine Street	Planning Board
			TO ANNOUNCE OF THE PROPERTY OF	
				,
		A A A A A A A A A A A A A A A A A A A		



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

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission 2 3 2 3 Ending Date: 12 3 2 3
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election year-end report dissolution
Candidate Full Name (if applicable) Planning Board Office Sought and District 3 + PVOLOV 51 Residential Address E-mail: Sh Cylighth @comcast Nut Phone # (optional):	Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):
SUMMARY BALANCI	E 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 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	0
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cofinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
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 accincurred any liabilities nor made any expenditures on my behalf during this reporting proceedings of the committee of the certify that I have examined this report including attached schedules and it is, to the baction of the certify that I have examined this report including attached schedules and it is, to the baction of the certify that I have examined this report including attached schedules and it is, to the baction of the certify that I have examined this report including attached schedules and it is, to the baction of the certify that I have examined this report including attached schedules and it is, to the baction of the certify that I have examined this report including attached schedules and it is, to the baction of the certification of the certi	pest 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, period that are not otherwise disclosed in this report. Dest of my knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	candidate in accordance with the requirements of M.G.L. c. 55. (Candidate's signature)



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

OI IVIASSACTIUSCUS	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	22 Ending Date: 12 3 22
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
601011100000000000000000000000000000000	
Candidate Full Name (if applicable)	Committee Name
Planning Boord	
Office Sough and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: Sh Cveighton @comcast.net	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 2: Total receipts this period (page 3, mic 11)	
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	14)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
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 or finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee	pest 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 A certify that I have examined this report including attached schedules and it is, to the language of the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons activity under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	01/01/2023 Ending Date: 12/31/2023
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	on 30 day after election 🔀 year-end report 🗌 dissolution
Catherine Marie Bilotta	
Candidate Full Name (if applicable)	Committee Name
Select Board - Manchester-by-the-Sea Office Sought and District	Name of Committee Treasurer
21 Pine St, Unit 9, Manchester, MA 01944	
Residential Address	Committee Mailing Address
E-mail: bilottc.home@gmail.com	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous repor	t 0
Line 2: Total receipts this period (page 3, lin	ne 11) 0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page	5, line 14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (page	ge 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 activity, including all contributions, loans, receipts, expenditures, disbursements, i finance activity of all persons acting under the authority or on behalf of this comm Signed under the penalties of perjury:	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 nittee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che	eck 1 box only)
Candidate with Committee I certify that I have examined this report including attached schedules and it i activity, of all persons acting under the authority or on behalf of this committ incurred any liabilities nor made any expenditures on my behalf during this re	is, to the best of my knowledge and belief, a true and complete statement of all campaign finance tee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
finance activity, including contributions, loans, receipts, expenditures, disburcampaign finance activity of all persons acting under the authority or on beha	
Stand under the penalties of periury	(Candidate's signature) Date: 01/06/2024

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 fishing required)	Amount	(101 CONTINUEDONS OF \$200 OF MOVE)
ine 9: Total Rece	cipts over \$50 (or listed above)		
ine 10: Total Rec	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			ald 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 A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	•		
	1		
] [J L	
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
ing 11. TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		<u> </u>	ald 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

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

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

	To Whom Paid	nittee name and a page number o		-
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			1	
	'			
			de la constant de la	
-				
11				
				L
		11 [71	
		1	1	
		Line 12: Total Expenditures of	over \$50 (or listed above)	
		Line 13: Total Expenditures \$	50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	
		<u> </u>	should include only those expenditur	

^{*} 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)

D-4. D-13	To Whom Paid	SecuLL A	Durnose of Evneuditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
11				
]]	
		Line 12: Expenditures over \$5	60 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	[
				•
		Line 14: TOTAL EXPENDIT	should include only those expenditu	

^{*} 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	s 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	

^{*} 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 OUTSTANI	DING LIABILITIES (ALL)	