

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

Office of Campaign and Political Finance

	Office of Campaign and Political Finance	RECEIVED
Commonwealth of Massachusetts		TOWN CLERK HARWICH, MA
Fill in Reporting Period dates: Beginning		y or Town Clerk or Election Commission 超/地以一る。 記号: 2b
Type of Report: (Check one)		
☐ 8th day preceding preliminary ☐ 8th day preced	ding election 30 day after election year-e	end report dissolution
Candidate Full Name (if applicable)  Sclect man  Office Sought and District  19 Wilmas Will Harwich  Residential Address  E-mail: Meanders, Mean agr	MA 02645 18 Harding har	le Treasurer ne Harwich MAO.
Line 1: Ending Balance from previous Line 2: Total receipts this period (p Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending Balance (line 3 minus Line 6: Total in-kind contributions that Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used:	age 3, line 11)	80
Candidate without Committee  I certify that I have examined this report including attached schedifinance activity, including contributions, loans, receipts, expenditu	f this committee in accordance with the requirements of M.G.L. c. 55  (Treasurer's signature)	Date: 10 31 23  Date: 10 31 23  plete statement of all campaign finance I have not received any contributions, port.

#### 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.)

1920	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	None		
	]	]]	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

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

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

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

-	To Whom Paid	nittee name and a page number o		T
Date Paid	(alphabetical listing)	Address Purpose of Expenditure		Amount
Date I alu	(aiphabetical listing)		Purpose of Expenditure	Amount
	_	Port 02646	baranast	
10/31/23	Harwich Fire		housing at Bank St Firm	\$810.4
101/23		175 Sisson Rd	13 ank 3+ +1173.	7010.0
	Association	Harwica	Station	
	7	02645		
	1	11	]]]	
		L		
]]				]]
				L
		Line 12: Total Expanditures are \$50 (and interest)		Thorn or
		Line 12: Total Expenditures over \$50 (or listed above)		\$810.80
		Line 13: Total Evnenditures \$50 and under* (not listed above)		
		Line 13: Total Expenditures \$50 and under* (not listed above)		
Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD			toin oil	
	Enter on page 1, time 4 >	Elle 14. TOTAL EAFENDIT	ORES IN THE PERIOD	\$810.80

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

## 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
	None			
		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 $6 \rightarrow$	5 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

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

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
	none			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				