

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: MO | arch 29, 202 Ending Date: May 10, 2021 |
| Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election | 30 day after election year-end report dissolution |
| STEVEN MALLY | |
| Candidate Full Name (if applicable) | Committee Name |
| Office Sought and District 71 PLACANT ST | Name of Committee Treasurer |
| Residential Address E-mail: STEVEN E NALLY . CO | Committee Mailing Address E-mail: |
| Phone # (optional): | Phone # (optional): |
| SUMMARY BALAN | NCE INFORMATION: |
| Line 1: Ending Balance from previous report | 0 |
| Line 2: Total receipts this period (page 3, line 1 | 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 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 tactivity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on healf of this committee. Signed under the penalties of perjury: | best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign see in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I | 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 is incurred any liabilities nor made any expenditures on my behalf during this report | to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting 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, disbursem campaign finance activity of all persons acting under the authority or on behalf of | to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55. |
| Signed under the penalties of perjury: | (Candidate's signature) Date: 5/10/21 |

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) |
| | | | |
| | | | (ST - 1/2sr) Tr. main S. to |
| | | | |
| | | | |
| | | | TO see a see a see a see a see |
| | | | MALLY LIALLY |
| | | | Live and I. a complete statement |
| | | | Microsophia |
| | | | - Ar " sa lipt 2 sur" |
| | | | 7.5 (A)(C)(C)(C)(C) (A) |
| | | | Steven E Mars Co |
| | | L | 200130000 |
| | | | |
| | = | | |
| | | | |
| | | | |
| | | 180 120 -21-01 | Professional Estate State Stat |
| | | | |
| | | | |
| | | | Security of the State of the St |
| | | | |
| | | 7-22-11-32 | errocen locum la la lacenta |
| | | | |
| | | 19161 600 | Extilleger Code, Buttonial |
| | | | |
| | 100 | F- FS- III | EXPENDED FOR THE RESERVE OF THE SECOND SECON |
| | to the same of the | | |
| | | | |
| | | NILL | Jerna a ardaj in sam ot sit signi t |
| | | | |
| | | | - The section of the section |
| | - 1 11 and 1 1 m x 2 m h | terbus illustrational | Ros Portugues and the control of the party and the party a |
| | | | |
| 1-1000 | | 1 | The state of the s |
| | 1.2 | | |
| | 1900 | | THE THE RESERVE THE RESERVE THE TENED OF THE PERSON AND THE PERSON |
| ine 9: Total Receiv | ots over \$50 (or listed above) | | bedien a sub a service of the stabilities |
| me 9. Total Receip | or or of the formation above) | | |
| ine 10: Total Recei | pts \$50 and under* (not listed above) | A SECOND PLANTAGE OF THE PARTY | |
| | (| | |
| ine 11: TOTAL R | ECEIPTS IN THE PERIOD | Someten Equation | ← Enter on page 1, line 2 |
| ×0 1 1 1 1 | | | 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 A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|-------------------|--|--------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ceipts over \$50 (or listed above) | | 4 |
| Line 10: Total Re | eceipts \$50 and under* (not listed above) | | |
| Line 11: TOTA | L RECEIPTS IN THE PERIOD | | Enter on page 1, line 2 ould 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.)

| eport 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 |
| | | | | |
| 111 | | | | |
| | | | | |
| | | | | |
| 111 | ; | | 1 | |
| 111 | | | | |
| | | | | |
| | | | | |
| 111 | | | | |
| | | | | |
| | | | | |
| | | | .] | |
| | | | | Ш |
| | | | | |
| | | | | |
| | | | | |
| | | | | 11 |
| | | | | |
| | | | | |
| | | | | 1 |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 111 | | | | |
| | | | | |
| 111 | | | | |
| | | | | |
| | | | | |
| | | | | |
| 111 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | |] | | |
| | | | | |
| | | | | |
|][[| | | | |
| //L | | | | |
| | | | | |
| | | Line 12: Total Expenditures over | er \$50 (or listed above) | |
| | | | | |
| | ĺ | Line 13: Total Expenditures \$50 | and under* (not listed above) | |
| | | | | <u> </u> |
| | Į. | Line 14: TOTAL EXPENDIT | | |

^{*} 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 (alphabetical listing) Address Purpose of Expenditure Amount Amou | | To Whom Paid | | | |
|--|---|------------------------|---------|------------------------|--------|
| | Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| | | | | | 4 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| The 12- Ferranditures \$50 and under* (not listed shove) | Line 12: Expenditures over \$50 (or listed above) | | | | |
| Line 13: Expenditures 350 and under (not listed 25000) | | | | | |
| 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 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 → 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 |
|---------------|-------------|-------------------------|------------------------|--|
| | | | | |
| | | |] <u> </u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | The state of the s |
| | | → Line 18: TOTAL OUTSTA | NIDDIC LIABILITIES (AT | |



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

Office of Campaign and Political Finance

| City or Town of: | GNANGST | | Please | print or type all information, except signatures. |
|---------------------|--|---|--|---|
| Reporting Period: | | , 202 (MM/DD/YYYY) | Ending: Jun | e [7, 202] |
| Type of Report: (Ch | eck One) | | | |
| 8th day precedin | g preliminary/primary 🔲 8th day p | preceding election 30th day follow | ing election (town or special) | Oth day of January (Year-End report) |
| 2. I certify that I | am a candidate for or currently hold M | Iunicipal Office. nade any expenditures, or incurred any oblig | gations during this reporting period, and de | o not have a campaign fund in existence. |
| DATE | PRINT NAME | SIGNATURE Signed under the penalties of perjury | RESIDENTIAL ADDRESS (Street and Number) | OFFICE SOUGHT |
| colulus | STARN MELY | Dates | 31 PLGASANT ST | TREASURER |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | · | |
| | | | | |
| | | | | |

