Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance						
Commonwealth of Massachusetts File with Cit 1.0 POOP de Reformation Commission						
Fill in Reporting Period dates: Beginning Date: March 29, 2021 Ending Date: May 10, 2021						
Type of Report: (Check one)						
Darkotta Pichandos Candidate Full Name (if applicable) Boond OF Assessons						
Office Sought and District Name of Committee Treasurer						
E-mail: Committee Mailing Address E-mail:						
Phone # (optional): Phone # (optional):						
SUMMARY BALANCE INFORMATION:						
Line 1: Ending Balance from previous report						
Line 2: Total receipts this period (page 3, line 11)						
Line 3: Subtotal (line 1 plus line 2) 725.						
Line 4: Total expenditures this period (page 5, line 14) 775.						

Line 5: Ending Balance (line 3 minus line 4)

Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:

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 1 certify that I have examined this report including attached schedules and it is, to the out of in including attached schedules and it is, to the out of in including attached schedules and it is, to the out of in including attached schedules and it is to the out of its including attached schedules and it is to the out of its including attached schedules and it is to the out of its including attached schedules and it is to the out of its including attached schedules and it is to the out of its including attached schedules and it is to the out of its including attached schedules and its is to the out of its including attached schedules and its is to the out of its including attached schedules and its is the out of its including attached schedules and its is to the out of its including attached schedules and its is the out of its is including attached schedules and its is the out of its is including attached schedules and its is including attached schedules attach

Signed under the penalties of perjury

(Candidate's signature)

9/202 Date:

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)
Line 9: Total Rece	ipts over \$50 (or listed above)		4
Line 10: Total Rec	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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(aiphanooncar moning required)		
		7	
Line 9: Total Red	ceipts over \$50 (or listed above)		
	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	L RECEIPTS IN THE PERIOD	⊢ Enter on page 1, line 2	

SCHEDULE A: RECEIPTS (continued)

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

Page 4

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

T ₁							4/5/ey Sunatives	T Date Paid (alp)	(A "Schedule B: Expendit report all expenditures. Pl
Enter on name 1 line 1 -> 1							int.	To Whom Paid (alphabetical listing)	lures" attachment is avai lease include your comm
Line 13: 10tal Expenditures \$50 and under* (not listed above)	Line 12: Total Expenditures over \$50 (or listed above)						Hadly MA	Address	lable to complete, print and attac ittee name and a page number on
and under* (not listed above)	r \$50 (or listed above)						Signer	Purpose of Expenditure	(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.)
							78.4	Amount	es are required to

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,

SCHEDULE B: EXPENDITURES

from committee records, and reported on line 13. to

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
<u> </u>		Line 12: Expenditures over \$	50 (or listed above)		
		Line 13: Expenditures \$50 and			
Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD					

SCHEDULE B: EXPENDITURES (continued)

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* 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.

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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 OUTSTAN	UL	<u></u>



Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

City or Town of: GRANTY MASS	-	Please	print or type all information, except signatures.				
Reporting Period: Beginning: MQY	10, 2021 (MM/DD/YYYY)	Ending: Jun	C. [7, ZOZ]				
Type of Report: (Check One)							
Sth day preceding preliminary/primary Sth day preceding 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 ho 2. I certify that I have not received any contribution 3. I certify that I do not have a political committee	ns, made any expenditures, or incurred any oblig	gations during this reporting period, and de	o not have a campaign fund in existence.				
	SIGNATURE	RESIDENTIAL ADDRESS					
DATE PRINT NAME	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT				
DAKOTA Richands		28 perior HITCH Subly	BUDAD & ASSERDA				
] []						