

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

MAY 13 2021 PM 4:31

| | | 100 | | | | own Clerk or El | ection Commission |
|--|-----------------------------------|----------------|--------------|--------------------------|-----------------------|------------------|--|
| Fill in Reporting Period dates: | Beginning Date: | Marci | 129.0 | 102 Ending Da | te: <u>Ma</u> | 4 10,2 | 03/ |
| Type of Report: (Check one) | | | | | | | |
| | X 8th day preceding elec | ction [| 7 30 day : | after election | year-end r | enort \square | dissolution |
| stil day preceding premimary | A stil day preceding elec | | | arter election | | - Срок | aissoration |
| | | | | | | | |
| Da Kota Richard S Candidate Full Name | <u> </u> | | | | Committee Name | | |
| Candidate Full Name | (if applicable) | | | | Committee Nam | C | |
| Office Sought and | d District | | | Name | of Committee Tr | reasurer | |
| 28 Digist Hill | ROAD GRAN | 16 ma | | | | | |
| Residential Ac | idress | 7 | - | Com | mittee Mailing A | .ddress | |
| E-mail: | | | E-mail: | | | | |
| Phone # (optional): 413 - 38 | 6-9856 | | Phone # (o | ptional): | | | |
| | SUMMARY BA | LANCE | INFO | RMATION: | | Til . | 7 |
| | | | 1 | | | | |
| Line 1: Ending Bala | ance from previous rep | ort | | 7 | Y | | |
| Line 2: Total receip | ots this period (page 3, 1 | line 11) | | | | | |
| Line 3: Subtotal (lin | ne 1 plus line 2) | | | 725. | i cel | | |
| Line 4: Total expen | nditures this period (pag | ge 5, line | 14) | 725 | 40 | | |
| Line 5: Ending Bal | ance (line 3 minus line | 4) | | 74 | , NO | | |
| Line 6: Total in-kir | nd contributions this pe | riod (pag | ge 6) | Ø | 1 | | |
| Line 7: Total (all) | outstanding liabilities (J | page 7) | | Ø | | | |
| Line 8: Name of ba | ınk(s) used: | | | / | | | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including activity, including all contributions, loans, receifinance activity of all persons acting under the activity. | ints expenditures disbursement | ts, in-kind co | ontributions | and liabilities for this | reporting period a | and represents u | ampaign finance the campaign |
| Signed under the penalties of perjury: | | | | (Treasurer's | signature) | Date: | |
| FOR CANDIDATE FILINGS ONL | Y: Affidavit of Candidate: (| check 1 box | only) | | | | |
| Candidate with Committee I certify that I have examined this report in activity, of all persons acting under the autinourred any liabilities nor made any expensions. | thority or on behalf of this comp | mittee in acc | ordance wit | h the requirements of | M.G.L. C. 55. 1 ft | ave not received | all campaign finance d any contributions, |
| Candidate without Committee I certify that I have examined this report in finance activity, including contributions, leading the campaign finance activity of all persons activity of all persons activity. | cons receipts expenditures dis | chursements | in-kind con | itributions and Habiliu | es for this reporting | M.G.L. c. 55. | all campaign epresents the 5/9/20 2 |
| Signed under the penalties of perjury: | 4 | 2 | | (Candidate's | s signature) | Date: | 111 |

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

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
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| Line 9: Total Rec | ceipts over \$50 (or listed above) | |] |
| | ceipts \$50 and under* (not listed above) | | |
| | | | Enter on page 1 line 2 |
| Line 11: TOTAI | RECEIPTS IN THE PERIOD zed receipts of \$50 and under, include them in | | ← Enter on page 1, line 2 |

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.)

| Date Dell | To Whom Paid | 1.33 | Daymer S.F. | |
|-----------|---------------------------|-----------------------------|------------------------------------|--------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| 48/21 | Sankani | Hody Mer @ | Sers | 725.4 |
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| | | Line 12: Total Expenditures | over \$50 (or listed above) | |
| | | Line 13: Total Expenditures | \$50 and under* (not listed above) | |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPEND | ITURES 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 B: EXPENDITURES (continued)

| | To Whom Paid | | D | A | | |
|--|------------------------|----------------------------|-------------------------------|----------|--|--|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount | | |
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| | | Line 12: Expenditures ove | r \$50 (or listed above) | | | |
| | | Line 13: Expenditures \$50 | and under* (not listed above) | | | |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | | | |
| Enter on page 1, line 4 > Line 14. To TABLEM ENDITED TO THE 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.

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 |
|--|---------------------|--------------------------------|-----------------------------|-------|
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| | | 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 |
|---------------|---------------------------|------------------------|-------------------------|--------|
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| <u> </u> | Enter on page 1, line 7 - | Line 18: TOTAL OUTSTAN | NDING LIABILITIES (ALL) | |



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

Office of Campaign and Political Finance

| City or Town of: | GIRANBY | MASS | | | | Please prii | nt or type all infor | mation, except signatures. |
|--|---|-----------|-------------------|----------------------------|-------------------------------------|-------------|----------------------|----------------------------|
| Reporting Perio | d: Beginning: | may 10 | 1505 (| | Ending: | June | 17,20 (DD/YYYY) | 5 |
| Type of Report: (| Check One) | | | | | | | |
| 8th day preced | ding preliminary/primary | 8th day p | receding election | 30th day followi | ng election (town or special) | 20th | day of January (| Year-End report) |
| I certify the I certify the | 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 | PRINT NAM | мE | | ATURE penalties of perjury | RESIDENTIAL ADD (Street and Numb | | OFFIC | E SOUGHT |
| | DAKOTA RICH | enps | 9 | | 28 paists the RD | | Planny | benad |
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