

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Fill in Reporting Period dates: Beginning Date: Ending Date:					
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) School Complete Northbook Southbook Residential Address E-mail: Phone # (optional): (508) 393-3353	Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):				
SUMMARY BALANCE	E INFORMATION:				
Line 1: Ending Balance from previous report	· C				
Line 2: Total receipts this period (page 3, line 11)	₹ 699.32				
Line 3: Subtotal (line 1 plus line 2)	-6-				
Line 4: Total expenditures this period (page 5, line	e 14) 699, 32				
Line 5: Ending Balance (line 3 minus line 4)	0				
Line 6: Total in-kind contributions this period (page	ege 6)				
Line 7: Total (all) outstanding liabilities (page 7)	8				
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.					
Signed under the penalties of perjury: Joan 6 Frank (Candidate's signature)					

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

all receipts. Please include your committee name and a page number on each page.)

eport all receipts. P	lease include your committee name and a pa	ge number on eac	Occupation & Employer
	Name and Residential Address	Amount	(for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(101 CONTINUED OF 422
5/2/3000	420 Whom St; Northbord in A Joan trank 01534	\$699.32	Retired Teacher
Line 9: Total Rec	ceipts over \$50 (or listed above)	-0	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	e	227
Line 11: TOTAI	RECEIPTS IN THE PERIOD	8	← Enter on page 1, line 2
* If you have itemiz	zed receipts of \$50 and under, include them in li	ine 9. Line 10 sho	uld include only those receipts not itemized above. Page 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	*		
Line 9: Total Rece	eipts over \$50 (or listed above)	-6	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	0	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 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 expen	ditures. Please include your comi	mittee name and a page number o	n each page.)	wie i oquii ou o
	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
al. i		160 Main St.	a Lawn Signs (50)	
4/12/200	Minutemen Press	Menthorn MA	e 400 bothers	8467.30
		335 W main St.	400 Stamps	
4/30/2002	U.S. Postal Service	Northbox MA	1 ST Class	232,00
		Line 12: Total Expenditures ove	er \$50 (or listed above)	699.33
		Line 13: Total Expenditures \$50		0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	E699: 35
If you have itemi	zed expenditures of \$50 and under,	include them in line 12. Line 13 sho	ould include only those expenditure	011.33

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	D	
	8/	Address	Purpose of Expenditure	Amount
	==			
				*
	n e			
		Line 12: Expenditures over \$50	O (or listed above)	699.32
		Line 13: Expenditures \$50 and		017. DX
				· 6
u have itemized	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	IIDEC IN THE DEDICE	699.31

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

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.

Data Daggiyad	From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	Lion thom reserves			
8				
		Line 15: In-Kind Contributi	ions over \$50 (or listed above)	-6
		Line 16: In-Kind Contribution	ons \$50 & under (not listed above	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KINI	CONTRIBUTIONS	0

^{*} 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
		10		
				15
"				

			<i>ų</i> . ≯
		4	
9	-		



Minuteman Press of Marlboro 160 Main Street Marlboro, MA 01752 Phone: 508-481-0966 Fax: 508-481-4245 www.marlboro.minutemanpress.com email:marlboro@minutemanpress.com

Invoice Number

10099015 4/12/2022

\$27.49

\$467.32 \$467.32

Invoice Date

INVOICE

Bill to:

Joan Frank

Marlboro, MA 01752

Ship to:

Joan Frank Joan Frank

Marlboro, MA 01752

Tax:

Î Invoice Total:

Balance Due:

\$154.83 400 Brochures (70lb Text, 4/4, Trifold) (Job 105941) 20 Lawn Signs (Double Sided, No Stakes) (Job 105942) \$285.00 \$439.83 Invoice Subtotal:

MINUTEMAN PRESS MARL 16U MAIN ST MARLBOROUGH, MA 01752 (508)481-0966

Merchant ID: 6832

Term H: 0451

Store #: 1001

Ref II. 0002

Sale

XXXXXXXXXXXXX0480

DISCOVER

Entry Method: Chip

Total:

\$

467.32

04/12/22

14:38:30

Inv #: 009015 Appr Code: 01231B Transaction ID: 862087791100598 Approd: Online Batch#: 000066

Discover Credit AID: A0000001523010

TSI: E800

TVR: 0000008000

Customer Copy

THANK YOU!

Thank you for your business!

Customer	Signature:	Date:/_	_/	Init

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	ē.



NORTHBOROUGH 235 W MAIN ST NORTHBOROUGH, MA 01532-9998 (800)275-8777

04/30/2022	0007275-	-8///	:11:50 AM
Product	Qty	Unit Price	Price
U.S. Flags Coil	4	\$58.00	\$232.00
Grand Total:		·	\$232.00
Credit Card Remitt Card Name: Dis Account #: XXX Approval #: 03 Transaction #:	cover XXXXXXXX 001B 398	XX048()	\$232.00
AID: A00000015; AL: Discover	23010	C	hip
PIN: Not Requir	ed Dis	cover Cre	dit

*************** Every household in the U.S. is now eligible to receive a second set of 4 free test kits.
Go to www.covidtests.gov

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