

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

JUN 03 2021

Fill in Reporting Period dates: Beginning Date: Apr	pr 24, 2021 Ending Date: May 30, 2021 OWN CLE
Type of Report: (Check one)	
3th day preceding preliminary 8th day preceding election	⊠ 30 day after election
Molly E. MacKenzie	
Candidate Full Name (if applicable)	Committee Name
Chool Committee Office Sought and District	Name of Committee Treasurer
2 River St. #7, Hudson, MA 01749	The state of state of the state
Residential Address	Committee Mailing Address
lephone Number (optional):	Telephone Number (optional):
SHMM ADV BAT AN	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 1)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, li	line 14)
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (p	(page 6)
Line 7: Total (all) outstanding liabilities (page 7	7) 0
Line 8: Name of bank(s) used:	
fidavit of Committee Treasurer: ortify that I have examined this report including attached schedules and it is, to the be ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kine once activity of all persons acting under the authority or on behalf of this committee i gaed under the penalties of perjury:	
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 l	box only)
I fortify that I have examined this report including attached schedules and it is, to il innance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authoristy or on behalf of i	the best of my knowledge and belief, a true and complete statement of all campaign onts/in-kind contributions and habilities for this reporting period and represents the

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)
			The same reserves of more)
		<u></u>	
inc 9: Total Receip	ots over \$50 (or listed above)		
inc 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← 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)	
			7	
ine 9: Total Recei	ipts over \$50 (or listed above)			
ine 10: Total Rece	eipts \$50 and under* (not listed above)			
* 41. TOTAL I	RECEIPTS IN THE PERIOD	0	← 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 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 Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(mproved allowing)	Tradicis	I as pose of Expenditure	Amount
1				
11				
11				
		Line 12: Total Expenditures ove	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed shows)	
		Line 13, Total Expenditures \$50	and angel. (not used above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	JRES IN THE PERIOD	

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

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				\$ II
		Line 12: Expenditures over \$.	50 (or listed above)	
		Line 13: Expenditures \$50 and	l under* (not listed above)	
		Line 14: TOTAL EXPENDI		

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

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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
				p
		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				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.

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 OUTSTANS	DING LIABILITIES (ALL)	

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