

andfruti

Form CPF M 102: Campaign Finance ReputelVED Municipal Form

Office of Campaign and Political Finance

JAN 04 2023

HUDSUN TOWN File with: City or Town Clerk Fill in Reporting Period dates: 05/31/2022 Beginning Date: Ending Date: 12/31/2022 Type of Report: (Check one) 8th day preceding preliminary ☐ 8th day preceding election 30 day after election X year-end report dissolution ASS1A Candidate Full Name (if applicable) Committee Name Healt Name of Committee Treasurer remulation idential Address Committee Mailing Address Telephone Number (optional): Telephone Number (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) Line 4: Total expenditures this period (page 5, line 14) 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: I certify that I have examined this report including attached schedules and it is, to the best of my basowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loses, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the company finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.Q.L. c. 55. Signed under the penalties of perfery: Date: (Dreasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 ber only) Candidate with Competter and no activity indepen I certify that I have exactined 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. didate without Committee Off Candidate with independent activity filing reparate report 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 committee in accordance with the requirements of M.G.L. c. 55.

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)	0	
	Enter on page 1, line 6 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS				
• If an in-kind co	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				

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
				Ç.
	N			
Line 12: Expenditures over \$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				

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

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

port 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
			11	1
				H
				li l
		}	llf	
			Hr.	111
			III .	HI .
			111	111
		11		111
		H		H
		L	<u> </u>	/
			H	H
			III	Ш
		H I		
			ł I	11
				L
				Г
i i				
ill i		H		
			1	1
		Yim 10 Pearl F		
		Line 12: Total Expenditures over	er 500 (or listed above)	6
		Line 13: Total Europelisman ero	and make the there are	T A
Line 13: Total Expenditures \$50 and under* (not listed above)			0	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				0
If you have itemized expenditures of \$50 and under include there in line 12. I in 12				

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

SCHEDULE A: RECEIPTS (continued)

SCHEDULE A. ALCENT 15 (continued)				
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
2				
			L	
4				
ine 9: Total Receip	ts over \$50 (or listed above)	0		
ine 10: Total Receip	ots \$50 and under* (not listed above)	0		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2	
	The state of the s			

^{*} 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

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	A	Occupation & Employer
vale Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
İ	į	11 11	
ł			
		11 111	
		11 111	
			1,000
		11 111	
1			
1			
			and distances Air -
II			
11			
ine 9: Total Receip	ots over \$50 (or listed above)	0	
ing 10: Tetal Dessi	nto \$50 and sundant (not listed shows)		
ne IV: LOTAL Kecei	pts \$50 and under* (not listed 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 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
			a, a granda barina a cinda una	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				