

# Form CPF M 102: Campaign Finance Report D

**Municipal Form** 

MAY 02 2022

THIS SON TOVIN CLERK

Office of Campaign and Political Finance

100

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: **Ending Date:** April 22, 2022 Beginning Date: January 1, 2022 Type of Report: (Check one) 30 day after election 8th day preceding preliminary 8th day preceding election year-end report dissolution Mercedes Mor Office Sought and District noing 5+ #1304 Hudson N side Aue Hudson MA 01749 Committee Mailing Address E-mail: Merce de 54 boh. hud son@ama 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) 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: No. 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 flooring with the requirements of M.G.L. c. 55. (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee fertify 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. (Candidate's signature) Signed under the penalties of perjury:

#### **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.)

Horasselet  a Durant Ave  may nord, MA 01744  Horason, MA 01749  Hodson, MA 01749	Amount Occupation & Employer (for contributions of \$200 or more)
Horasi Dasselet  9 Durant Ave  Maynard, MA 01744  Holood Tolia Brice 1 Philip Rue Hudson, MA 01749  Holood Thudson, MA 01749  Holood Tolia Burcughs  1 Philip Ave Hudson, MA 01749  Holood Thudson, MA 01749  Holood Tolia Burcughs  1 Philip Ave Hudson, MA 01749  Holood Tolia Brice 1 Philip Ave Hudson, MA 01749  Holood Tolia Brice 1 Philip Ave Hudson, MA 01749  Holood Tolia Brice 1 Philip Ave Hudson, MA 01749  Holood Thudson, MA 01749	30.00
HIDT 2022 MAY NOT BY TO THE HIDSON MADITY TO THE HUDSON MADITY TO THE HU	
Hodson, MA 01749  Jane Chertoff  56 Lake side Aue  Hodson, MA 01749  Hodson, MA 01749  Hodson, MA 01749  Hodson, MA 01749	00.00
Julia Brice 1 Philip Aue Hudson MA 01749  Hudson MA 01749  Hudson MA 01749  Hudson MA 01749  Jane Chertoff 56 Lake side Aue Hudson Ma 01749  Hudson Ma 01749  Judy Congdon 25 Pierce St Hudson MA 01749	
Denista Burroughs  I'll Stone Chertoff  56 Lake si de Aue  Hudson, Maoi749  Judy Congdon  25 Pierce St  Hudson, Maoi749	156.00
Jane Chertoff 56 Lake si de Aue Hudson, Maoi749  Judy Congdon 35 Pierce St Hudson, Maoi749  Hudson, Maoi749	16.60
Hudson, MA 01749	250.00 retired
	00.00
4 125/2022 Denois Murphy 19 Lincoln St Hudson, MADIT49	00.00
10/2000 Mercedes Murphy 278 Manning St, #1304 133 Hudson, MA 01749	15,32, Candidateloan Cused Personal debit card for rackcards & Fisads
3 (25/202) mercedesmurphy 2 78 manningst # 1304 HUDSON MA OLTH	62.00 Candidate loan (used for POLOX)
ine 9: Total Receipts over \$50 (or listed above)	111
ine 10: Total Receipts \$50 and under* (not listed above)	07.33
ine 11: TOTAL RECEIPTS IN THE PERIOD	Ø 7.33

<sup>\*</sup> 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)**

70 4 70 1	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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
4/18/203	Chadcrogan	Akattai 1Rd Hudson, MAO1749	campaign lawn Signs	703.00
4/8/2032	Facebook	www.facebook.com	boosted ads onfacebook	37.20
4/4/2022	Nashoba Blue	433 main st Hudson, MB 749	Rackinfo cards	33.20
4/10/2032	VistaPrint	mmm.vistapantcon	Rack cards campaign signs	573.93
3/34/20	·U5P5	ASCHUTC h 3+ Hodson, MA 01745	Leceins governion	600
		Line 12: Total Expenditures over	er \$50 (or listed above)	1107.32
Line 13: Total Expenditures \$50 and under* (not listed above)			Ø	
	Enter on page 1, line 4 →	include them in line 12. Line 13 sh		1107,32

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
If you have itemi		, include them in line 12. Line 13 sl		a mat itamina d

<sup>\*</sup> 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		

<sup>\*</sup> 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. Page 6

#### 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.

as most mounted want gims reporting period.				
Date Incurred	To Whom Due	Address	Purpose	Amount
4/10/2023			made outofpocket expenditure for rackcards & FB ads	315.32
3 (25)	Merce des Murphy (Cardidate)	278 manning 3+ #1302/ HUDSON, MA 01749	For POLOOX	60.00
		I in 10 TOTAL OUTSTAND		

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)