

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Reper EIVED **Municipal Form**

Office of Campaign and Political Finance

JUN 07 2022

Date: 06.07.22

(Candidate's signature)

HUDSON TOWN CLERK SION Fill in Reporting Period dates: 05/30/2022 Beginning Date: 04/23/2022 Ending Date: Type of Report: (Check one) 8th day preceding preliminary ☐ 8th day preceding election 30 day after election year-end report dissolution Cassia Monteiro Candidate Full Name (if applicable) Committee Name Board of Health Office Sought and District Name of Committee Treasurer 46 Causeway Street Residential Address Committee Mailing Address Telephone Number (optional): Telephone Number (optional): **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report 0 Line 2: Total receipts this period (page 3, line 11) 0 Line 3: Subtotal (line 1 plus line 2) 0 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) 0 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: N/A 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.O.L. c. 55. Date: (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the 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.Q.L. c, 55. Lhave not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate 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 X 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 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)
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Reco	eipts \$50 and under* (not listed above)		
ine 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)
		5	
Line 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Recei	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS 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 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.)

Data Daid	To Whom Paid		ats 4000	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
111				
11.				
			1	
- 1		1	1	
			1	
			1	
111	1	1	1	
		Line 12. Total Eugendianne	on \$50 (on listed shows)	
		Line 12: Total Expenditures over	et 930 (or fisted above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
		minera and an order onesite assesses and 1850	(TO THE WOOLD)	
	Enter on mage 1 line 4 -	Line 14: TOTAL EXPENDIT	URES 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.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
THE				
		Line 12: Expenditures over \$50	11 11 11	
		Line 13: Expenditures \$50 and		
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	L

^{*} 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 ->	→ Liue 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
			12.	
				;
		11		
		Line 18: TOTAL OUTSTAN	DINCT LABET PRINC/ATTA	