

# Form CPF M 102: Campaign Finance Report Municipal RECEIVED TOWN CLERK Office of Campaign and Political Finance

2025 MAY 27 AM 8: 44

File with City on Town Challen Flexion Commission				
Fill in Reporting Period dates:  Beginning Date: 3/31/2025 Ending Date: 5/23/2025				
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)  Candidate Full Name (if applicable)  School Committee  Office Sought and District  Residential Address  E-mail: Csharr Acmiast. net  Phone #: 617-429-3622				
SUMMARY BALANCE INFORMATION:				
Line 1: Ending Balance from previous report				
Line 2: Total receipts this period (page 3, line 12)				
Line 3: Subtotal (line 1 plus line 2)				
Line 4: Total expenditures this period (page 5, line 15)				
Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this period (page 6, line 18)				
Line 7: Total (all) outstanding liabilities (page 7, line 19)				
Line 8: Total out-of-pocket expenses this period (page 8, line 22)				
Line 9: Name of bank(s) used: Bank of America				
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:(Treasurer's signature) Date:				
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  Cardidate withou				
Signed under the penalties of perjury:				

## **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/6/2015	Wix	WIX. COM LTD	website	184.87
3/14/2025	Yard Signs	VishPrint	Yard signs	624.73
3/6/2015	Wix	WIX, Com LTD	nebsite	12.90
3/17/2015	Wix	WIX. com LTD	website	8.92
4/9/2025	Jennifer Marus	27 Alpine Row Funklin MA 02038	Campaign assistance	#11.69

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	i			
* If you have	itemized expanditures of OEA			
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50	(or listed above)	1943.11
should include only those expenditures not				
nonneed doove.				
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	1943.11

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and received of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional pages.

tude the candidate or committee name and a-page number on each additional page.				
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<u> </u>			14	
			-	
4.70				
\$50 and under,	temized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions ove	r \$50 (or listed above)	
should include	de only those expenditures not itemized above.	those expenditures not Line 17: In Wind Contributions \$50 and and an (and 1)		
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTI	RIBUTIONS IN THE PERIOD	

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
419/2015	Jennifer Marous		Website	100.00
	×			
	,			
	(9)			
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	OING LIABILITIES (ALL)	100.00

# SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
	See pa	ge 4	prohet
		all of	prochet
(or listed above)	d Out-Of-Pocket Expenditures Over \$50  uized Out-Of-Pocket Expenditures \$50 and e)		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-C	DF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8  Page 8

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	nne		

## **SCHEDULE A: RECEIPTS (continued)**

	Name and Desidential Add		
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	M		
	None		
			7
ine 10: Total Receir	ots over \$50 (or listed above)		* If you have itemized was inter- coso
		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11	
	ots \$50 and under (not listed above)		should include only those receipts not itemized above.
ine 12: TOTAL RI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2