

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

JAN 30 ar 11:30 HAVGITYCLERK

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date:
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Cheey Fev GMSON  Candidate Full Name (if applicable)  School Committee Member  Office Sought and District  19 Dudle 45 + #2 Haver MI MA  Residential Address  E-mail: Cheryenn 213   Q gmail, com  Phone #: 918-851-2731	Committee to elect  Chery Ferguson For Schoo Committee  Committee Name  Megan Glicklek  Name of Committee Treasurer  19 Dudley St #3 Hover hull  Committee Mailing Address  E-mail: MG/CV/ex 470046 hot Mail. Co.  Phone #: 1-617-869-3832
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 15	O
Line 5: Ending Balance (line 3 minus line 4)	0
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:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)
Candidate with Committee  Certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the second contributions.	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of parings.	Transon (Candidate's signature) Date: 1-29-2025

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		0	
	·		
Line 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
Line 11: Total Receipts \$50 and under (not listed above)  Line 12: TOTAL RECEIPTS IN THE PERIOD  (		0	itemized above.  ← Enter on page 1, line 2

#### **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
				0
				0
				0
				0
				0
				0
The state of the s				0
				0
				C
				C
				0
				0
				0

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				0
				0
				0
				0
				0
	4.0			0
				0
				0
1001				0
				0
				C
				0
				C
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		©
		Line 14: Expenditures \$50 and under (not listed above)		0
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD				

### 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 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. 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.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
				0
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions o	ver \$50 (or listed above)	Ø
		Line 17: In-Kind Contributions \$	50 and under (not listed above)	0
. '		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		$\wedge$

### **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
				0
	en e			
				}
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0

### 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.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
		0	
Line 20: Total Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50	C	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0	should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8	