

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance of Campaign and Campa

<u> </u>	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	1123 Ending Date: 10/210/23				
T					
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)  SWOOL COMMITTEE NOWN  Office Sought and District  WAD FOSTON DA HAVENNIN MA	Hunter Rogers For School Committee Name  Deborah Rogers - Thomton  Name of Contrittee Treasurer  1136 Boston Ro Howemill MA				
Residential Address	Committee Mailing Address				
E-mail: Ningmers @ Comail Com	B-mail: MUNROGETS (a) OMCUTE COM				
Phone # (optional):	Phone # (optional):				
	<u> </u>				
SUMMARY BALANCE	INFORMATION:				
Line 1: Ending Balance from previous report	1302.11				
Line 2: Total receipts this period (page 3, line 11)	2000				
Line 3: Subtotal (line 1 plus line 2)	3302.11				
Line 4: Total expenditures this period (page 5, line	2136.88				
Line 5: Ending Balance (line 3 minus line 4)	1165.23				
Line 6: Total in-kind contributions this period (page	(2.6)				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Howerhill	Bank				
ASSA MARK CO. MARK TO.					
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:  Date: 10 .27 23					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box o	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  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.  Signed under the negatives.  Date:					
Signed under the penalties of perjury:	(Candidate's signature)				

#### SCHEDIILE 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.)

Name and Residential Address  Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
9/14/23	Cumingham. Dayid	450	Builder/contractor	
9/21/23	Dipietro, Joseph	500	HVAC owner	
9/21/23	Apetro. Thomas	250	Retired	
8/29/23	Rogers, Harald	100.	Business owner	
8/24/23	Rogers, Marcia	200	Retired	
10/14/23	Sapella, Daniell	500	Landscaper/owner	
\ -				
		•		
Line 9: Total Recei	pts over \$50 (or listed above)	.6		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0		
	RECEIPTS IN THE PERIOD	2000	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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
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			1	
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	pts over \$50 (or listed above)			
ine 10: Total Recei	pts \$50 and under* (not listed above)	ر		

<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
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				·
		Line 12: Total Expenditures over	*	6
		Line 13: Total Expenditures \$50  Line 14: TOTAL EXPENDITU		A

<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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/20/23	Eogle Tribune	100 Turnpine St Norm Andover MA	Advertisement	200
9/15/23	Postmaster	P.O. Box 899 East Hampstead NH	postage for mailers	490.05
10/23/23	Postmaster	P.O. BOX 899 East Hampstead NA	Postage for mailers	980.10
9/21/23	Ram Mailing-	P.O. BOX 899 East Hampstead WAT	mailer service	112.90
9/14/23	Ram Printing	5 commerce DE L'Hampshow WH	mailer	323.90
9/14/23	Steve's famous Roast Beef	741 South Main St Hovernill MA	event	79.93
		,		
Line 12: Expenditures over \$50 (or listed above)			56	
	Line 13: Expenditures \$50 and under* (not listed above)			¥
* If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				2136.88

<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 ··
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			·
		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	Ú:

<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.

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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.

Date Incurred	To Whom Due	Address	Purpose	Amount
		·		in the second se
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

