

File with:

Candidate signature (in ink)

# Form CPF M 102: Campaign Finance Report

Municipal Form ·
Office of Campaign and Political Finance

RECEIVED TOWN CLERK

of 16wh Clerk of Election Commission	Please print or type all in	formation, except signature	SIXBOROUGH, M	A 02035
Fill in dates:  Reporting Period Beginning Jan			h Date	2021
Type of report: (Check one)  8th day preceding preliminary	□8th day preceding electi	ion 30 day after election	on ·□year-end rep	ort Ddissolution
Full Name of Candidate (in Board of Select)  Office Sought and IT  3 Bord Street  Residential Adda  4013180086	Mr M District	LukeFrygvson Name of Co. 23 Bird St	mittee Name mmittee Treasurer Mailing Address Tel. N	To. (optional)
Line 2: Total ro Line 3: Subtota Line 4: Total ex Line 5: Ending Line 6: Total in- Line 7: Total (al	balance from pre eceipts this period	(page 2, line 11)  eriod (page 3, line 14)  line 4)  this period (page 4)  lities (page 4)	N: \$ 500 - \$ 500 - \$ 456 - \$ 44 - \$ 8	
Affidavit of Committee Treasurer: certify that I have examined this report incluinance activity, including all contributions, locampaign finance activity of all persons acting the committee of	eans, receipts, expenditures, disbur under the authority or on behalf of Signed under the pe	sements, in-kind contributions and of this committee in accordance wi nalties of perjury:	liabilities for this reporting the the requirements of M. 4/23/2  Date	ig period and represents the
FOR CAN  Affidavit of Candidate: (check 1 box only  Candidate with Committee and no activ I certify that I have examined this report including the contributions, incurred any liabilities nor made activity, of all persons acting under the contributions, incurred any liabilities nor made activity without Committee OR Candidate without Committee OR Candidate without committee activity, including contributions, loar campaign finance activity of all persons acting	ity independent of the committed in attached schedules and it is, no authority or on behalf of this call and early expenditures on my behalf of didate with independent activity anding attached schedules and it is, necessity, expenditures, disburse.	to the best of my knowledge and to committee in accordance with the re- huring this reporting period.  If filing separate report to the best of my knowledge and to commits, in-kind contributions and lof this committee in accordance wi	pelief, a true and complete quirements of M.G.L. c. s pelief, a true and complete inbilities for this reportin	statement of all campaign

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 Humize 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Land - pe

Date Received	ach page. Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
3/30	Edward Ferguson & Forest Road	125	_	0
4./6	Edward Fergusun & Forest Road Seth Fergusun 23 Bird Street	350	_	Financial Analyst Fidelity Investments
	·			
		,		
				and the second s
د ۱۰ - ۱۰ - ۱۰ د اباد مساحه	The Advanced of \$50 (or listed above)	475		
	Total receipts in excess of \$50 (or listed above)  Total receipts \$50 and under* (not listed above)	25	-	-
Line 10:	TOTAL RECEIPTS IN THE PERIOD	500	-	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 Page 2 abovc.

#### 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

umber on eac Date Paid	To Whom Paid (alphabetical listing)	Address	Address Purpose of Expenditure		Amount	
4/6	Hawk Marketing Group		lawnsigns	456	_	
-			= .			
	1	-,				
				=	Į.	
= = =	·					
. I	Provide the state of the state					
		6				
,		n 1º			71 -	
		A 19 11. 1	_!*Es * * !=			
		· (5) :		nja ng vo		
		4. 24. 3		Z-		
			,			
		t lying and an agent and an exercise to the end of				
			Expenditures over \$50	456		
			Expenditures \$50 and under*		_	
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	456	-	

\*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 3

### 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
•				
				•
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	

<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.

## 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
	·		-	
,				
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4