

Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED TOWN CLERK

Please print or type all information, except signatures. Please print or type all information, except signatures. FOXBOROUGH Fill in dates: Reporting Period Beginning Tanuary 2021 Ending April 23 Type of report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election year-end report Sarah Lidonni Full Name of Candidate (if applicable) School Committee, Foxborough, MA Office Sought and District 149 Chestnut Struct Foxborough, MA Residential Address Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Sarah Lidonni for School Committee Committee Name Committee Treasurer 149 Chestnut Struct, Foxborough, MA Committee Mailing Address Tel. No. (optional) Summary Balance in previous report Line 2: Total receipts this period (page 2, line 11) Sarah Line 1: Ending balance from previous report Line 3: Subtotal (line 1 plus line 2)	dissolution ee MA
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Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) \$\frac{2}{5}\frac{5}{9}\frac{9}{9}\frac{9}{9}	
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) \$\frac{2}{5}\frac{5}{9}\frac{9}{9}\frac{9}{9}	
Line 2: Total receipts this period (page 2, line 11) \$ 2,504,00	
	-
Line 3: Subtotal (line 1 plus line 2) \$ 2,504,00	-
	_
Line 4: Total expenditures this period (page 3, line 14) \$ 940.00	
Line 5: Ending balance (line 3 minus line 4) \$ 1,564.00	
Line 6: Total in-kind contributions this period (page 4) \$ 91.62	
	- 1
Line 7. Total (Mr) Cablemany Leonard	-
Line 8: Name of bank(s) used TO North	-)
Offidarvit of Committee Treasurer: 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 state 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 state inance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting per ampaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. of Signed under the penalties of perjury: 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and street bas born
Pressurer's signature (mink)	
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	
I VA GIALLE	
Affidavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the committee 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 state 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. If 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 state 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 state 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 state 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 state 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 state 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 state 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 state 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 state I have examined the requirements of M.G.L. Signed under the penalties of perjury:	ement of all campaign
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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 themize 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

number on each page.

Date Received	Name and Residential Address d (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or me	
3/24121	John Avery 10 Water Street, Foxburysh	100			
4121121	Gail Cadivex 30 Os weso St., Belling ham	100			
4/14121	Mary Farrar 33 Ridge, Pd., Foxborough	50			
3129121	Kristen Feethams	50			
4/1/21	Raffaella Feinstein 3 Standish Ave., Foxborough	125			
3129121	Foxbord Republican Town Committee PO Box 645, Foxborry 5	100			
3123121	Leah Gibson 14 Fairway Ln., Foxborough	50			
3131121	Jacqui Gill 25 Main St., Fox borrygh	100			
3130121	Faye Joyce 3 Angela Dr., Foxborough	100			
3127/21	Margaret Remned y 65 Oak St., Fexbrough	601			
3123121	Christme Olsen 5 Cherry Tree Ln., Foxborungh Christme Olsen	100			
417/21	Christine Olsen 5 Chry Tree In., Foxborough	860		Physical Therapist Connections Physical Therapy	
3127/2(Helen Oben 31 Borrows Rd., Foxborough	50			
3120/21	Lisa Perura	50			
3123/21	15 County St. Foxborough Stephen Shahabian 64 Ceder St., Foxborough	100		Suppliered to the money at the following of the con-	
Line 9:	Total receipts in excess of \$50 (or listed above)				
	Total receipts \$50 and under* (not listed above)				
	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.

Page 2

SCHEDULE A: RECEIPTS

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

Occupation & Employer Date Name and Residential Address Amount (for contributions of \$200 or more) Received (alphabetical listing required) Tay lor Mindy 3127/21 6 Lawton Ln., Foxborough Carrie western 7 Judge Brown Ln., Foxborough 50 3124121 100 Line 9: Total receipts in excess of \$50 (or listed above) 2185 00 Line 10: Total receipts \$50 and under* (not listed above) 319 00 Line 11: TOTAL RECEIPTS IN THE PERIOD 00 2,504 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.

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.

Date Paid	To Whom (alphabetic	m Paid al listing)	Address	Purpose of Expenditure	Am	ount
417/21	Farmer	Sign	100A Green Street Fexborough	Signs	850	00
			- 16-			
		1		Ę,		
					X.	
		1	I have made a some a some	a de la martina		
				: 12: Expenditures over \$50		150
			Line	13: Expenditures \$50 and		90
	Enter on pag	e 1, line 4	Lin	e 14:TOTAL EXPENDIT	URES C	140

^{*}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 8 4

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.

added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3124121	Dunna Melntyre	6 Margaret Rd. Foxburough	webs.te	91.62
				A control of the cont
+				
			: In-kind over \$50	491.62
	Enter on page 1, line 6		: In-kind \$50 and under 7: Total In-kind	991,62

^{*} 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	To Whom Due	Address	Purpose	Amount
Incurred				
2000 CO		and the second s		
disciplination of the second				
- Control of the Cont				
aaannan vindo er				
110000000000000000000000000000000000000				
		ii en inimate		
novit i inexolivi		11 to Concentrate the Concentr		
	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 Page # 5 printed on recycled paper number on each page.