

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

RECEIVED TOWN CLERK

Commonwealth
of Massachusetts

Candidate signature (in ink)

Massachusetts	7077 MAR 29 ₽ b: 52
e with: ty or Town Clerk or Election Commission Please print or type all info	formation, except signatures. FOXBOROUGH, MA 02035
Fill in dates: Morth Date Year Reporting Period Beginning 1 1 200	
Type of report: (Check one) □8th day preceding preliminary □8th day preceding election	ion □30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable) Foxbor was Board of Select Min Office Sought and District 23 B. A. Street Foxboro MA Residential Address	Selh Frygvsvnf (Bondof Seldmen Committee Name Lyke Frygvsvn Name of Committee Treasurer 23 Byd Street Foxboro MA Committee Mailing Address Tel No (optional)
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	(page 2, line 11) \$ 500
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbur campaign finance activity of all persons acting under the authority or on behalf of Signed under the per Treasurer's signature (in ink)	to the best of my knowledge and belief, a true and complete statement of all campaign reements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55. Committee of perjury: Date
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf of Candidate without Committee OR Candidate with Independent activity	to the best of my knowledge and belief, a true and complete statement of all campaign committee in accordance with the requirements of M.G.L. c. 55. I have not received any during this reporting period. The proof of this reporting the statement of all campaign tements, in-kind contributions and liabilities for this reporting period and represents the fof this committee in accordance with the requirements of M.G.L. c. 55.

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 limite 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

Date Name and Residential Address Coceived (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more)
	Seth Fryguson 23 Bird St.	25	_	
3/30	Seth Frygroon 23 Birdst. Ed Fergroon 6 Forest Road	125	_	
4/6	Seth Ferguson 23 Birdst.	350	_	Financial Analyst, Fidelityment
			2	·
	•			
	T. 1. 1. i. i	500	_	* **** * **** * **** * * * * * * * * *
	Total receipts in excess of \$50 (or listed above)	500		-
	Total receipts \$50 and under* (not listed above) TOTAL RECEIPTS IN THE PERIOD	500	_	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.

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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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	int
4/6			wist fee	12	_
4/12			wirt fee Signs	456	1
•					1
	. ,				•
	·				
1	·				
	•	•	·		
	and the second s	terrance and a service of the service of		****	
		Line 12:	Expenditures over \$50	468	
		Line 13:	Expenditures \$50 and under*		+
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	468	_

^{*}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 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
		Tino 15:	In-kind over \$50	
			In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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.

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