

Form CPF M 102: Campaign Finance Report

By Town Clerk at 10:02 am, Feb 05, 2024

Municipal Form RECEIVED Office of Campaign and Political Finance

of Massachusetts File with: City or Town, Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date: 1/1/23 Ending Date: 12/31/23					
Type of Report: (Check one)					
8th day preceding preliminary					
Candidate Full Name (if applicable) SELECTIMAN Office Sought and District I RATRICE LANE LYNNFIELD Residential Address E-mail: Phone # (optional): Committee To RE-FIRET DICK PARTON Committee Name CARMELA A DACTON Name of Committee Treasurer I R PACTED CE LANE LYNNFIELD Committee Mailing Address E-mail: CARMELA MDACTON Phone # (optional):					
SUMMARY BALANCE INFORMATION:					
Line 1: Ending Balance from previous report					
Line 2: Total receipts this period (page 3, line 11)					
Line 3: Subtotal (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, line 14)					
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page 6)					
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: SALEM FIVE BANK					
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: (Treasurer's signature) Date:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Cardidate with Committee Cardidate with Cardidate C					
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 ombehalt of this candidate in accordance with the requirements of M.G.L. c. 55. Date: Da					

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 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	A Magazin		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS 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.

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		-	
		,	
	-		
Line 9: Total Rece	eipts over \$50 (or listed above)		
	reipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		ne 9. Line 10 sho	uld 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.

(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.)

report all expend	report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Amount			
MONTHLY	SALEM FIVE	Pr Boy & AD	Purpose of Expenditure Account fees	60,00		
	ome in the state of the state o					
				1		
		Line 12: Total Expenditures ove	r \$50 (or listed above)	60,00		
	Line 13: Total Expenditures \$50 and under* (not listed above)			0		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD If you have itemized expenditures of \$50 and and are included the six 15 and 16 do 16						

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Laiu	(aiphabenear listing)	Address	1 urpose of Expenditure	Amount
			,	
				and the second s
	, ,			
	,		5.	
	*			
			;	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	ınder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	×

^{*} 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	
	·				
			•		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	8	
	Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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 wellas those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
,				
.1				

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)