

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	-1-24  File with City or Term Clork or Pleaties Commission
Fill in Reporting Period dates: Beginning Date: 5/2	File with: City or Town Clerk or Election Commissio    2   2   Ending Date:   12 - 31 - 20 24
2075 FFB 74 ₱ 5: 22	
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution
To II Taylor	OTT Nina Fallynau
DINA M. FAVEEAU Candidate Full Name (if applicable)	CIE Dina tavreau Committee Name
Select Board	I Tenia Sutra-Acevedo
Office Sought and District	Name of Committee Treasurer  LLI BOSTON Pd #353 Bullevica 01862
41 Boston Rd Unit 353 Billaica Marca Residential Address	41 Boston Rd 7353 Billevica 01862
E-mail: Ctedina Sayreau Comail. Com	E-mail: treasurerctefarreau@gmael.com
Phone # (optional): 978 - 930 - 609 6	Phone # (optional): 978 - 654 - 2036
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	18.81
	10.01
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	ne 14)   8.81
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NK .
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority of on behalf of this committee in a	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: //24/75
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
Candidate with Committee  Certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acc incurred any liabilities nor made any expenditures on my behalf during this reporting	cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority of on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 124 25

## 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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
			54.	
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	11			
	The state of the s			
ine 9: Total Rece	ipts over \$50 (or listed above)			
ine 10: Total Rece	eipts \$50 and under* (not listed above)			
	AN CONTROL DA MARIE TORRAN			
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		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 B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
The state of the s		TARANI MANAGARANA		
:				
			This is a second of the second	
		Line 12: Expenditures over		
		Line 13: Expenditures \$50 a	and under* (not listed above)	18.81

<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
				-
				-
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<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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