

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts		File with: City or Town Clerk or Elect	tion Commission
Fill in Reporting Period dates: Beginning Date:	1/19/21	Ending Date: $12/31/2$	
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day	y after election vear-end report di	ssolution
Candidate Full Name (if applicable) Candidate Full Name (if applicable) DINAMING BOND WESTWOOD MA Office Sought and District EL GREEN 14 11 RD WEST WOOD MA Residential Address E-mail: Phone # (optional): 781-762-1347		Committee To Elect Ellen Longino Committee Name SCAN LAYDEN Name of Committee Treasurer SCHRI ST LICSTWOOD MA C Committee Mailing Address (optional): 781-326-5712	Rollings Desco
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SUMMARY BALANC	CE INFO	PRMATION:	
Line 1: Ending Balance from previous report		959.68	
Line 2: Total receipts this period (page 3, line 11	.)	_	
Line 3: Subtotal (line 1 plus line 2)		959.48	
Line 4: Total expenditures this period (page 5, line	ne 14)	900,00	2.4
Line 5: Ending Balance (line 3 minus line 4)		59.18	
Line 6: Total in-kind contributions this period (p	age 6)	-	
Line 7: Total (all) outstanding liabilities (page 7))	2254.24	
Line 8: Name of bank(s) used: Neadhorn	BANK !	WCSTWOOD MA	
	d contributions in accordance w	s and liabilities for this reporting period and represents the c with the requirements of M.G.L. c. 55.	aign finance ampaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oox only)		
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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	accordance with	knowledge and belief, a true and complete statement of all cith the requirements of M.G.L. c. 55. I have not received an	campaign finance y contributions,
Candidate without Committee OR Candidate with independent activity filing a I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the companion of the contributions.	he best of my k	knowledge and belief, a true and complete statement of all ontributions and liabilities for this reporting period and representations.	campaign sents the

_(Candidate's signature)

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.)

eport all receipts. P	lease include your committee name and a pa	ge number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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Line 9: Total Rece	ipts over \$50 (or listed above)	1	
Line 10: Total Reco	eipts \$50 and under* (not listed above)		,
Line 11: TOTAL	RECEIPTS IN THE PERIOD	-	← Enter on page 1, line 2
		L	

^{*} 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)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
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A CONTRACTOR AND A CONT		ngel light		
ne 9: Total Receip	ots over \$50 (or listed above)			
ne 10: Total Recei	pts \$50 and under* (not listed above)			
ne 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 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.)

port all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I are	(arphabettai iisting)			Amount
	,	86 GREEN HI//75	REDAY CAMPAIGN LIABILITIES	845
5-28-21	Ellen LARKIN	WESTUGOD MA	LINBILITIES	900,00
		71370803 77.7		
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Line 12: Total Expenditures over \$50 (or listed above)			90000	
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 90004			
	Enter on page 1, line 4 →	Lanc 14: IVIAL EXPENDIT	URES IN THE PERIOD .	700

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		
Date Received	From whom received	Tesadential redress	Description of Contribution	Value		
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	and a second second			· // // //		
		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 No. 105					

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

Date Incurred	To Whom Due	Address	Purpose	Amount
3-22.18	Blan Rollina	SL Granville To Namusad MA	LOPH TO COMMITTEE	240 93
3-23-18	Ellen Rollines	86 Greenville TD Westwood MA	LOND TO COMPITEE	259 00
4-12-15	Blen Tullines	SC GREENVIlle TO ! Westwood MA	LOND TO COMMITTEE	483 38
4-10.18	Ellen Rollings	86 Greaville To	LON- TO COMMITTER	470 00
5.8-18	Ellen Rollings	86 Greenville RD Westwad MA	LOAM TO COMMITTEE	3L7 79
3.20.21	Ellan Rollings	86 GRENVILLE TO LASTWOOD MA	LOON TO COMMITTER	433 '4
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