

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

Office of Campaign and Political Finance

	File with: City of Corn Clerk on Election Commission		
Fill in Reporting Period dates: Beginning Date: Jan 1,			
Type of Report: (Check one)			
	☐ 30 day after election ☐ year-end report ☐ dissolution		
James O'Sullivan	Committee to Elect Jim O'Sullivan		
Candidate Full Name (if applicable)	Committee Name		
Moderator	Mary O'Sullivan		
Office Sought and District	Name of Committee Treasurer		
64 Dean Street, Westwood, MA 02090	64 Dean Street, Westwood, MA 02090		
Residential Address	Committee Mailing Address		
Telephone Number (optional):	Telephone Number (optional):		
CHRISTIA DV DATABLE	E INFORMATION.		
SUMMARY BALANCE	EINFORMATION:		
Line 1: Ending Balance from previous report	1,868.02		
Line 2: Total receipts this period (page 3, line 11)	0		
Line 3: Subtotal (line 1 plus line 2)	1,868.02		
Line 4: Total expenditures this period (page 5, line	14) 0		
Line 5: Ending Balance (line 3 minus line 4)	1,868.02		
Line 6: Total in-kind contributions this period (pag	ge 6) 0		
Line 7: Total (all) outstanding liabilities (page 7)	0		
Line 8: Name of bank(s) used: Citizens Bank			
	ecordance with the requirements of M G L <sub>n</sub> c. 55.  (Treasurer's signature)  Date: Jan 3, 2024  only)  best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M G L <sub>n</sub> c. 55. I have not received any contributions, period.  Date: Jan 3, 2024		
campaign finance activity of all persons acting under the authority or on behalf of this	(Candidate's signature) Date: Jan 3, 2024		

## **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all recipts over \$50 mg calendaryear. 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 report all receipts. Please include your committee name and a page number on each page.)

Data Bassinal	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1			
100			
18.7			
1			
		7	
			2
<u>;</u>			1
			3330
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
Jine 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← 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**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must be detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$30 and under may be added to give from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, edditional pages are required to

	ditures. Please include your commit  To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			5070700000	
		**		
			1	
		24.000		
		<u> </u>		
	Ι	Line 12: Total Expenditures ov	er \$50 (or listed above)	
	ī	Line 13: Total Expenditures \$50 and under* (not listed above)		

<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.

Page 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 from the committee's records and included in line 16 on page 1.

Data Pagainad From Whom Pagainad* Pagidential Address Description of Contribution Value					
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
prist, 7 (de					
			4		
	7				
				<u> </u>	
	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.

Page 6