

Form CPF M 102: Campaign Finance Report Municipal Form I OW M CLERK'S OFFICE Municipal Form

Office of Campaign and Political Finance

2022 JAN 31 AM 8: 02

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 12/3	31/20 Ending Date: 1/28/22
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Candidate Fyll Name (if applicable) Diane M. Manon	Comm. to Re-plect Diane Mahon Rebecca Mahon, Mihai
Selection Office Sought and District	23 Howard St., Atl. MA 02426
E-mail: dianemahora verizon.net	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	1214.82
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	1214.82
Line 4: Total expenditures this period (page 5, line	e 14) O
Line 5: Ending Balance (line 3 minus line 4)	1214.82
Line 6: Total in-kind contributions this period (pa	ge 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Rocklas	nd Trust
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 or on behalf of this committee in Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date://28/27
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check bo	x only)
Candidate with 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 accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
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 or on behalf of this Signed under the penalties of perjury:	in-kind contributions and liabilities for this reporting period and represents the

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 move 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)	
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Line 9: Total Recei	pts over \$50 (or listed above)	0		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
		<u></u>		

^{*} 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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Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
L		<u> </u>]

^{*} 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.)

,	To Whom Paid	nittee name and a page number on		· ···
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		7-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7		
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	PHARMATHAN AND AND AND AND AND AND AND AND AND A			
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		Line 12: Total Expenditures ov	er S50 (or listed above)	0
		Lina 12: Total Dunanditum P50) and and advate (not listed to be a con-	
		Line 13: Total Expenditures \$50	and under" (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0
	- -			

^{*} 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 B: EXPENDITURES (continued)

To Whom Paid				
Dote_Paid	(alphabetical listing)	Address		kanvani
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A A A A A A A A A A A A A A A A A A A				
	-	Line 12: Expenditures over \$50	(or listed above)	
		f I 17. Fig	1 4/ / 12 / 1	
		Line 13: Expenditures \$50 and t	inder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	HDES IN THE DEDIOD	
* 14			iould include only those expenditure	<u>L</u>

^{*} 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
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		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	S50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} 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
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``.				
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				