

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

(Candidate's signature)

E TOTAL		Office of Campaign an	d Political Finance Lt	N. M. A. 02174	
Commonwealth of Massachusetts		1.2.1	2022 JAN J.	3 CAN St. 22ark	or Election Commission
Fill in Reporting Peri	od dates: Beginning	g Date: 05/08/2021	Ending Date:	12/31/2021	of Election Commission
Type of Report: (Che	eck one)		REC	EIVED	
8th day preceding pre	eliminary 8th day prece	eding election 30 day	y after election 🗵	year-end report	dissolution
Guillermo S. Hamlin		Cmte	to Elect Guillermo S. Ha	amlin	
Cand	idate Full Name (if applicable)		Con	mmittee Name	
Board of Assessors	employed floor to contain the	Conno	r EpsteinKraus		
	Office Sought and District		Name of C	Committee Treasurer	
1228 Mass. Ave. #B Arli	The second secon	1228 [Mass. Ave. #B Arlingtor		
m ti	Residential Address			ee Mailing Address	
E-mail:	gshamlin89@gmail.com	E-mail:	conn	or.bbek@gmail.con	n
Phone # (optional):		Phone #	(optional):	ė.	
	SUMMAI	RY BALANCE INFO	ORMATION:		1
Line 1:	Ending Balance from prev	ious report		528.85	5
Line 2:	Total receipts this period (page 3, line 11)		(
Line 3:	Line 3: Subtotal (line 1 plus line 2)			528.85	5
Line 4:	Line 4: Total expenditures this period (page 5, line			2:	5
Line 5:	Ending Balance (line 3 min	nus line 4)		503.85	5
Line 6:	Total in-kind contributions	this period (page 6)			
Line 7:	Line 7: Total (all) outstanding liabilities (page 7)				
Line 8:	Name of bank(s) used: Eas	tern Bank			
activity, including all contribution	is report including attached schedules ons, loans, receipts, expenditures, dis tting under the authority or on behalf	of this committee in accordance	and liabilities for this report	ing period and represen G.L. c. 55.	I campaign finance ts the campaign
FOR CANDIDATE FIL	INGS ONLY: Affidavit of Car	udidate: (check 1 has anly)			
Candidate with Committe I certify that I have examin activity, of all persons actir		dules and it is, to the best of my this committee in accordance wi	th the requirements of M.G.I.	c. 55. I have not recei	
finance activity, including of	nittee ed this report including attached sche contributions, loans, receipts, expend of all persons acting under the authori	tures, disbursements, in-kind cor	ntributions and liabilities for	this reporting period and	d represents the
Signed under the penalties of p	periury: Suiller	no S. Hamlin	(Candidate's signa	Date: 0:	1/12/2021

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)
Andrew Control of the			
the state of the s			

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	ECEIPTS IN THE PERIOD	0	← 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)

(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ts over \$50 (or listed above)	0	
ots \$50 and under* (not listed above)	0	
ECEIPTS IN THE PERIOD	o	← Enter on page 1, line 2
	ECEIPTS IN THE PERIOD	ots \$50 and under* (not listed above) 0

^{*} 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.)

Data nata	To Whom Paid	4 - Y - Y	D 20 F2 11/	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	;
	Enter on page 1, line $4 \rightarrow$	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.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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][[Personal and the second	
				-
		Line 12: Expenditures over \$50) (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	<u> </u>	Line 14: TOTAL EXPENDIT		

^{*} 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

and the state of t				
		Line 15: In Kind Contains	o our \$50 (on lists Jahana)	
	Line 15: In-Kind Contributions over \$50 (or listed above)			0
	Line 16: In-Kind Contributions \$50 & under (not listed above)			0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

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^{*} 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.

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 Wnom Due	Aduress	rurpose	Amount
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				The state of the s
1				
	Enter on page 1 line 7 -	Line 18: TOTAL OUTSTAND	ONG HARH ITIES (ALL)	0

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