

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Date: 05/06/2022

(Candidate's signature)

Fill in Re	eporting Period dates: Beginning	g Date: 3/18/20	22	Ending D		r Town Clerk 19/2022	or Election Commission
* ^	Report: (Check one) v preceding preliminary 8th day preceding	ding election] 30 day at	fter election	year-en	d report	dissolution
Caryn Met	zger-Smith Candidate Full Name (if applicable)				Committee N	ame	
	oard of Health Office Sought and District Farms Rd. Medway			Nan	ne of Committee	Treasurer	. , , , , , , , , , , , , , , , , , , ,
E-mail:	Residential Address caryn.metzger@gmail.com		E-mail:	Co	mmittee Mailing	g Address	
Phone # (opti	onal): 617-312-2825	F	Phone # (opt	ional):			
	SUMMAI	RY BALANCE	INFOR	MATION:			
	Line 1: Ending Balance from previous						
	Line 2: Total receipts this period (page 3, line 11)					
.,,,,	Line 3: Subtotal (line 1 plus line 2)		[]
	Line 4: Total expenditures this per Line 5: Ending Balance (line 3 mir		4) [· · · · · · · · · · · · · · · · · · ·		\$155.50]
	Line 6: Total in-kind contributions		6)		THE	\$375.71	
	Line 7: Total (all) outstanding liab	lities (page 7)					
	Line 8: Name of bank(s) used:						
I certify that I activity, include	Committee Treasurer: have examined this report including attached schedules ling all contributions, loans, receipts, expenditures, disl y of all persons acting under the authority or on behalf	oursements, in-kind contr	ributions and	liabilities for this	reporting period	atement of all	campaign finance s the campaign
	the penalties of perjury:			(Treasurer's		Date:	
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Can	didata (shash 1 hay ay					
Candida I certify t activity, o	te with Committee hat I have examined this report including attached sche of all persons acting under the authority or on behalf of any liabilities nor made any expenditures on my behalf	dules and it is, to the best	t of my know	e requirements of N	A.G.L. c. 55. I h	nave not receiv	of all campaign finance red any contributions,
I certify t	te without Committee hat I have examined this report including attached schee ctivity, including contributions, loans, receipts, expendi finance activity of all persons acting under the authority	tures, disbursements, in-l	kind contribu	itions and liabilitie	s for this reporti	ng period and	of all campai ·n 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 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)		
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ine 9: Total Recei	pts over \$50 (or listed above)	<u></u>			
ine 10: Total Rece	ipts \$50 and under* (not listed above)				
ine 11: TOTAL F	RECEIPTS 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 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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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

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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	signs.com	1550 South Gladiola Street	Campaign signs and stakes	
03/29/2022		Salt Lake City, UT 84104		\$155.50
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	······································	Line 10 Total Farmandit	oven \$50 (on listed all area)	#1CC C/
		Line 12: Total Expenditures	over 500 (or listed above)	\$155.50
		Line 13: Total Evnanditures	\$50 and under* (not listed above)	
		Eine 15. Total Expenditures	φου and under (not fisted above)	
		Line 14: TOTAL EXPEND	the state of the s	

^{*} 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			·
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount

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		Line 12: Expenditures over \$50	(or listed above)	1
		I ine 13: Evnendituma 050 and	ndon* (not listed alterna)	
		Line 13: Expenditures \$50 and u	inder ((not fisted above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	
If you have item		include them in line 12. Line 13 sh		

^{*} 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
5/6/2022	Vote Medway Political Action Committee	P.O. Box 57 Medway, MA 02053	door hangers, newspaper advertisement, postcard mailers, and PAC website	\$375.71
				-
				ALLE ACTION
				- Indiana
		Line 15: In-Kind Contributi	ons over \$50 (or listed above)	\$162.9
		Line 16: In-Kind Contribution	ons \$50 & under (not listed above)	
	Enter on page 1, line 6	→ Line 17: TOTAL IN-KIND	CONTRIBUTIONS	\$162.9

^{*} 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
and the state of t				
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,	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	1

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