

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLER MRY 9 '22 PW2:03

Fill in Reporting Period dates:  Beginning Date: 03/29/2022 Ending Date: 05/09/2022  Type of Report: (Check one)
Type of Report: (Check one)
Sth day preceding proliminant of our
Sth day preceding proliminant 57 a
8th day preceding preliminary 8th day preceding election 30 day after election vear-end report dissolves
gear-end report dissolution 30 day after election year-end report dissolu
Evan Batcheller
Candidate Full Name (if applicable)
School Committee, Medway
Office Sought and District
3 Virginia Rd, Medway, MA 02053
Residential Address  Committee Mailing Address
E-mail: evanbatcheller@live.com E-mail:
Phone # (optional): 5084880790 Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total received line 1
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
o
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: N/A
idavit of Committee Treasurer:
rtify that I have examined this report including attached sale 4.1.
vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign final nec activity of all persons acting under the authority, or on behalf of this committee in accordance with the requirement.
nec activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
(Treasurer's signature) Date: 05/09/2022
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of MCA.
activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions for made any expenditures on my behalf during this reporting 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 best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, dishursements, in-kind contributions and library an
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
ed under the penalties of perjury:  AM  SOLUTION  Date: 05/09/2022

#### 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	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9			
4-900/F-000-A-1-000-A-1-000-A-1-000-A-1-00-A	II II		
<u> </u>			
	And the second s	Manual Control of the	
1			
and the state of t			
a deposit de			
		]]	
Military Company of the Company of t			
7			
TANAMATA			
-			
7. T.			
		7777	
ne 9: Total Receir	ots over \$50 (or listed above)	0	
ie 10: Total Recei	pts \$50 and under* (not listed above)	0	
ie II: IUIALR	ECEIPTS 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(as contributions of \$200 or more)
The state of the s			
Torress and the second	a a		
And the second s		*	
		1	
from many controls.			
C. Bennance of the control of the co			
The state of the s			
And a second sec			
INFORMATION OF THE PROPERTY OF			
e 9: Total Receipts of	over \$50 (or listed above)		
	\$50 and under* (not listed above)		
	EIPTS IN THE PERIOD	processor and the second processor and the sec	
		0	← Enter on page 1, line 2  d include only those receipts not itemized above

<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 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		Address	Purpose of Expenditure	Amount
03/29/2022	Evan Batcheller	3 Virginia Rd, Medway, MA 02053	Ink and paper for handouts printed from home computer on home printer.	30
		. ,		
	į beautininininininininininininininininininin	Line 12: Total Expenditures over	er \$50 (or listed above)	C
		Line 13: Total Expenditures \$50	and under* (not listed above)	30
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	30

<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.

### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				***************************************
				Manual commence and control an
				The second secon
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
		Line 14: TOTAL EXPENDITU		

<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.

### 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
03/29/2022	Mark Evangelous	108 Kelber Dr, Marlboro, MA 01752	Signs	400
	,			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	400
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
b. T.C	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	400

<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

### 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	Amoun
And the second s				
	Enter on page 1, line $7 \rightarrow$ Line	18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	)