

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK JUN 8 22 PW12:87

			File with: City or Town Clerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date: 5/6/2	2022	Ending Date: 6/8/2022
Type of	Report: (Check one)		
0.000	y preceding preliminary Sth day preceding election	₩ 20 day	
	y proceeding prominitary our day proceeding election	X 30 uay	after election year-end report dissolution
Martin Die	etrich	NA NA	
	Candidate Full Name (if applicable)		Committee Name
Select Boa		. NA	
	Office Sought and District		Name of Committee Treasurer
46 Fisher	Street, Medway, MA 02053	. NA	
E-mail:	Residential Address	17	Committee Mailing Address
	dietrichformedway@gmail.com	· E-mail: _	NA NA
Phone # (opt	ional):	Phone # (	optional):
	CHINARANNA	<u> </u>	
	SUMMARY BALANC	CE INFO	RMATION:
	Line 1: Ending Balance from previous report		-856.62
	Line 2: Total receipts this period (page 3, line 11)	)	0
9	Line 3: Subtotal (line 1 plus line 2)		0
	Line 4: Total expenditures this period (page 5, lin	ne 14)	0
	Line 5: Ending Balance (line 3 minus line 4)		-856.62
	Line 6: Total in-kind contributions this period (pa	age 6)	212.79
	Line 7: Total (all) outstanding liabilities (page 7)		0
	Line 8: Name of bank(s) used: Charles River		
l			
I certify that I activity, inclu	Committee Treasurer:  I have examined this report including attached schedules and it is, to the best uding all contributions, loans, receipts, expenditures, disbursements, in-kind city of all persons acting under the authority or on behalf of this committee in	contributions	and liabilities for this reporting period and represents the campaign
	r the penalties of perjury:		<b>D</b>
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)	
I certify t activity,	that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in ac any liabilities nor made any expenditures on my behalf during this reporting	ccordance with	the requirements of M.G.L. c. 55. I have not received any contributions.
I certify t	ate without Committee that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursements in finance activity of all persons acting under the authority or on behalf of thi	s, in-kind cont	ributions and liabilities for this reporting period and represents the accordance with the requirements of M.G.L. c. 55.
Signed under	r the penalties of periury:		(Candidate's signature) Date: 6/8/2 1

#### **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)
		[ <del>]</del>	
alter de la companya			
Hallon Webster			
Vertical leads			
The state of the s			
DEMONSTRATE OF THE PROPERTY OF			
ine 9: Total Recei	pts over \$50 (or listed above)	0	
ino 10, Tatal D -	into \$50 and and 1-4 (		
ine 10: 10tal Kece	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	О	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(101 CONTINUEDES OF \$200 OF MOTE)
	-		
ne 9: Total Receip	ts over \$50 (or listed above)	0	Lance Control of the
	ots \$50 and under* (not listed above)	0	
ne 11: TOTAL RI	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 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Expenditure	Amount
Date Latu	(alphabetical usting)	Address Turpose of Exponential	ZAMOURE
		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		1	
			-
	Lancas and the same of the sam	<u> </u>	
	The state of the s		
	L		<u> </u>
		Line 12: Total Expenditures over \$50 (or listed above)	
		Line 13: Total Evnanditures \$50 and under* (not listed -1)	
		Line 13: Total Expenditures \$50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD	

<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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	100000000000000000000000000000000000000			
		Line 12: Expenditures over \$1	50 (or listed above)	
		Line 13: Expenditures \$50 and		Lancardon de la companya de la compa
	Enter on nage 1 line 4	Line 14: TOTAL EXPENDI		

<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
5/6/2022	Vote Medway Political Action Committee	PO Box 57, Medway, MA, 02053	Postcard Mailers	212.79
			Total Andrews	
			2	
<u> </u>				
				·
				±
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	212.79
		Line 16: In-Kind Contributions	s \$50 & under (not listed above)	
	Enter on page 1, line 6 -	→ Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	212.7

<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	Amount
			7.	
				F