

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 6/8	8/2022 Ending Date: 12/31/2022
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election 🛛 year-end report 🔲 dissolution
Martin Dietrich	
Candidate Full Name (if applicable) Select Board	Committee Name
Office Sought and District	Name of Committee Treasurer
46 Fisher Street, Medway, MA 02053 Residential Address	
	Committee Mailing Address
alcuration in coway wight allicom	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	-856.62
Line 2: Total receipts this period (page 3, line 1	1) 0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, li	ine 14) 0
Line 5: Ending Balance (line 3 minus line 4)	-856.62
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7	0
Line 8: Name of bank(s) used: Charles River	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the be ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind mance activity of all persons acting under the authority or on behalf of this committee is igned under the penalties of perjury:	
	(Santa o)
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 a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ne best of my knowledge and belief, a true and complete statement of all campaign
gned under the penalties of perjury:	(Candidate's signature) Date: 1/11/2023

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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Name of the state					
ine 9: Total Receipt	s over \$50 (or listed above)		t-		
		0			
ine 10: Total Receip	ts \$50 and under* (not listed above)	0			
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	CEIPTS IN THE PERIOD		← Enter on page 1, line 2		
vou have itemized re	sceipts of \$50 and under include them in line) Time 10 ab - 11			

^{*} 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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Sample at			
ine 9: Total Receipt	s over \$50 (or listed above)	0	
ine 10: Total Receipt	ts \$50 and under* (not listed above)	0	
	CEIPTS IN THE PERIOD		
	ceipts of \$50 and under, include them in line 9		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 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

Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Expenditure	
	(arphabetteal risting)	Address Purpose of Expenditure	Amount
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		Line 12: Total Expenditures over \$50 (or listed above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITURES 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.

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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		A A A A A A A A A A A A A A A A A A A		1 - Februari	
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			97		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0	
	Line 16: In-Kind Contributions \$50 & under (not listed above)			o	
		Line 17: TOTAL IN-KIND CO			
If an in-kind contr	ibution is received from a person wh		THADUITUNS	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 Whom Due	Address	Purpose	Amount
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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0