



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 02/01/22 Ending Date: 05/03/22

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Sarah L. Raposa Candidate Full Name (if applicable) Planning & Economic Development Board - 3 year term Office Sought and District 14 Sanford Street #1, Medway, MA 02053 Residential Address E-mail: RaposaMedway@gmail.com Phone # (optional):	 Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):
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SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	\$158
Line 5: Ending Balance (line 3 minus line 4)	-\$158
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Personal checking account (CapOne360)

Affidavit of Committee Treasurer:

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 all 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: _____

FOR 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 finance 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, incurred any liabilities nor 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, 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.

Signed under the penalties of perjury: *[Signature]* (Candidate's signature) Date: 05/03/22

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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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
2/6/22	Sticker Mule	https://www.stickermule.com/	custom stickers for handouts (100)	\$110
3/2/22	Sticker Mule	https://www.stickermule.com/	custom tshirt	\$19
3/22/22	Sticker Mule	https://www.stickermule.com/	custom coasters for handouts (50)	\$29
			Line 12: Total Expenditures over \$50 (or listed above)	\$158
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$158

* 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)[illegible]

* 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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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.

[illegible]

* 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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	



Receipt February 06, 2022
R734684610

Billing address

Sarah Raposa
14 Sanford St Unit 1
Medway
MA 02053
United States

Shipping address

Sarah Raposa
14 Sanford St Unit 1
Medway
MA 02053
United States

Item**Quantity****Cost**

Custom 4" x 4" Square roll labels

110

\$101

Mule sauce

1

\$0

Subtotal

\$101

Shipping

\$9

Order total

\$110

Amount paid via mastercard

\$110

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Sticker Mule, LLC

stickermule.com

336 Forest Ave, Amsterdam, NY 12010



Receipt March 22, 2022
R742415120

Billing address

Sarah Raposa
14 Sanford St Unit 1
Medway
MA 02053
United States

Shipping address

Sarah Raposa
14 Sanford St Unit 1
Medway
MA 02053
United States

Item

Quantity

Cost



Custom 3.7" x 3.7" Custom coasters

50

\$65

Subtotal

\$65

Promotion (Coasters 032222)

-\$36

Shipping

\$0

Order total

\$29

Amount paid via mastercard

\$29

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Sticker Mule, LLC

stickermule.com

336 Forest Ave, Amsterdam, NY 12010



Receipt March 02, 2022
R425831102

Billing address

Sarah Raposa
459 Main Street
Medfield
MA 02052
United States
Town of Medfield

Shipping address

Sarah Raposa
459 Main Street
Medfield
MA 02052
United States
Town of Medfield

Item	Quantity	Cost
 Custom t-shirts (2XL)	1	\$19

Subtotal \$19

Shipping \$0

Order total \$19

Amount paid via mastercard \$19

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