

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 05/0	9/2022 Ending Date: 06/15/2022
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
Timothy Ladd Fagerson Candidate Full Name (if applicable)	Committee Name
Medway School Committee Office Sought and District 120 Winthrop Street, Medway, MA 02053	Name of Committee Treasurer
Residential Address 13-mail: tim@sos-pt.com and twfagerson@hotmail.com	Committee Mailing Address E-mail:
Phone # (optional): 508-533-1417	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	100
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	100
Line 4: Total expenditures this period (page 5, lin	
Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 1)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Charles River Bank	- Medway, MA
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity 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
Signed under the penalties of perjury:	Date
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
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 actincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2			
ine 9: Total Recei	ipts over \$50 (or listed above)		
ine 10: Total Rece	sipts \$50 and under* (not listed above)		
ne 11: TOTAL I	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 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)					
		Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD						
1.	f you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized					

^{*} 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 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)				