

Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Massachusetts le with: City or Town Clerk	or Election Co	ommission		<u></u>				
eport Being Amende	d: Year:	2022	Reporting Period:	Beginni	ng Date: 8 April 202	22 Ending	Date: 9	May 2022
38th day preceding p	reliminary	⊠ 8th	day preceding election	□ 30	day after election	year-end re	port [dissolution
MANA				Vo	te Medway Politica	Action Committe	e	
Ca	ndidate Full Na	me (if applic	able)		10 D 1	Committee Name		
	79 - 11 - 21-	-1 Addugus		_ <u> Jer</u>	nifer Pavlov N	ame of Committee Tre	asurer	
Residential Address		_ <u>PC</u>	Box 57 Medway, M					
	Office Sough	t and Distric	t		,	Committee Mailing Ad	dress	
E-mail:				E-n	ail:	votemedway@g	mail.com	
Phone # (optional):				Pho	ne # (optional):			
			SUMMARY BAL	ANCE	INFORMATION	V:		
ĺ	Line 1:	Ending B	alance from previous re				N/A	
Ì		=	eipts this period	•		567	4.00	
		Subtotal	. ,			567	4.00	
			enditures this period			347	2.54	
	Line 5:	Ending E	Balance			220)1.46	
	Line 6:	Total in-	kind contributions this p	period			0.00	
	Line 7:	Total (al) outstanding liabilities	1		213	34.93	
	Line 8:	Name of	bank(s) used: Middles	sex Savir	ıgs Bank			
The original filing of t	he above-ref	ferenced ca	ampaign finance report	is being	amended for the follow	owing reason(s):		
Two entries for line 9	= true.		rom Schedule B to Sch					
Signed under the penaltic	es of perjury:				Signed under the pena	Ities of perjury:		
					(densit	Illan	low	,



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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all in Ronart	ing Period dates: Beginning Date: SApri	1 2022	File with: City or Town Clerk or Election C Ending Date: 9 May 2022	Commissi
ш ш кероп	ang renod dates. Beginning Date. 8 April	I ZUZZ	Ending Date: 9 May 2022	
Type of Repo	ort: (Check one)			
		□ 30 da	y after election year-end report dissol	ution
	out any preceding election		y arce election [1] year-end report [1] dissor	ution
	Candidate Full Name (if applicable)	vote i	Medway Political Action Committee Committee Name	***********************
7.6350		Jennif	er Pavlov	
	Office Sought and District		Name of Committee Treasurer	A American Company of the Company of
	Residential Address	PO Bo	x 57, Medway, MA 02053 Committee Mailing Address	Programinė sain sundas subsaupa
-mail:	Acsidential Address	E-mail:	votemedway@gmail.com	
hone # (optional):			(optional):	***************
			The state of the s	
	SUMMARY BALANC	FINE	DRMATION:	
	John Million	L. ALTE C	ANTERNATION.	
	Line 1: Ending Balance from previous report		N/A	
	Line 2: Total receipts this period (page 3, line 11)		5674.00	
900	100 of the first the first period (page 3, line 11)			
	Line 3: Subtotal (line 1 plus line 2)		5674.00	
	Line 4: Total expenditures this period (page 5, line	e 14)	5600.47	
	Line 5: Ending Balance (line 3 minus line 4)		73.53	
	Line 6: Total in-kind contributions this period (page	ge 6)	0.00	
	Line 7: Total (all) outstanding liabilities (page 7)		0.00	
5-070 24	Line 8: Name of bank(s) used: Middlesex Savings B	ank		
tivity, including a sance activity of a	examined this report including attached schedules and it is, to the best is contributions, loans, receipts, expenditures, disbursements, in-kind coll persons acting under the authority or on behalf of this committee in a condition of perjury:	ontribution	s and liabilities for this reporting period and represents the campa	inance ign
OR CANDID	ATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)		
activity, of all p	h Committee ave examined this report including attached schedules and it is, to the versons acting under the authority or on behalf of this committee in acc ibilities nor made any expenditures on my behalf during this reporting	ordance wi	th the requirements of M.G.L. c. 55. I have not received any cont	
Candidate with	bout Committee		ands ferred to as a general refunda larger of the second	
	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 campa	ign
finance activity	including contributions, loans, receipts, expenditures, disbursements, ce activity of all persons acting under the authority or on behalf of this	in-kind cor candidate	ntributions and liabilities for this reporting period and represents to in accordance with the requirements of M.G.L. c. 55.	he

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)
9 April 2022	Amber Dame 2 Massasoit Street Medway MA 02053	499.00	note: see related expenditure on Schedule B teacherBenjaminFranklinClassicalCharterPublicSchool
13 April 2022	Amber Dame 2 Massasoit Street Medway MA 02053	499.00	teacher; Benjamin Franklin Classical Charter Public School
10 April 2022	Cynthia Ellis 14 Sanford Street #5 Medway MA 02053	200.00	note: see related expenditure on Schedule B physical therapist; Tufts Healthplan
12 April 2022	Cynthia Ellis 14 Sanford Street #5 Medway MA 02053	200.00	physical therapist; Tufts Healthplan
9 April 2022	Melissa Greenfield 23 Ellis Street Medway, MA 02053	100.00	note: see related expenditure on Schedule B
12 April 2022	Melissa Greenfield 23 Ellis Street Medway, MA 02053	100.00	
9 April 2022	Lisa Jackey 13 Pond Street Medway, MA 02053	100.00	note: see related expenditure on Schedule B
12 April 2022	Lisa Jackey 13 Pond Street Medway, MA 02053	100.00	
10 April 2022	Erin Kelly 11 Goldenrod Drive Medway MA 02053	200.00	note: see related expenditure on Schedule B consulting, management; Krafts Analytics Group
13 April 2022	Erin Kelly 11 Goldenrod Drive Medway MA 02053	200.00	consulting, management; Krafts Analytics Group
9 April 2022	Robert Lindsay 2 Massasoit Street Medway MA 02053	499.00	note: see related expenditure on Schedule B emergency physician; UMass Memorial Medical
13 April 2022	Robert Lindsay 2 Massasoit Street Medway MA 02053	499.00	emergency physician; UMass Memorial Medical Center/UMass Medical School
Line 9: Total Rece	ipts over \$50 (or listed above)	3701.00	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	1973.00	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	5674.00	← 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)
5 May 2022	Gregory Pavlov 10 Wellington Street Medway, MA 02053	100.00	
5 May 2022	Amna Saeed-Kothe 136 Main Street Medway MA 02053	150.00	
9 April 2022	Cristina St Pierre 38 Fairway Lane Medway MA 02053	100.00	note: see related expenditure on Schedule B
		The contract of the contract o	
	Activities of the second second		
ine 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
ine 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 B: EXPENDITURES

RECEIVED TOWN CLERK MAY 9 '22 PH12:24

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
23 April 2022	ADPrint	96 Main Street Medway MA 02053	Doorhangers	371.88
6 May 2022	CFS Incorporated	PO Box 1204 Norton, MA 02766	Postcard Mailers	2127.93
12 April 2022	Amber Dame	2 Massasoit Street Medway, MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	499.00
12 April 2022	Cynthia Ellis	14 Sanford Street #5 Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	200.00
12 April 2022	Melissa Greenfield	23 Ellis Street Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	100.00
12 April 2022	Lisa Jackey	13 Pond Street Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	100.00
12 April 2022	Erin Kelly	11 Goldenrod Drive Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	200.00
12 April 2022	Robert Lindsay	2 Massasoit Street Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	499.00
29 April 2022	Our Town Publishing	163 Main Street Suite 1 Medway MA 02053	Newspaper Advertisement	1210.00
12 April 2022	Cristina St Pierre	38 Fairway Lane Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	100.00
		Line 12: Total Expenditures ov	er \$50 (or listed above)	5407.81
		Line 13: Total Expenditures \$50	and under* (not listed above)	192.66
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	5600.47

^{*} 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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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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	provider through the desired provider through the control of the c			
The control can be provided in the control control can be control control can be control control can be control control can be control.				Permittens of permittens of the control of the cont
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	Management of the control of the con

^{*} 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

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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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
5				
The second secon				
				The state of the s
The second secon		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.00

^{*} 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.

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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 Duc	Address	Purpose	Amount
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	r sjir i nje sa erhanet i svjetenske sjuljenet i askes e en ganas kregeraksiski susset			
	Enter on page 1. line 7 ->	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	O.OO

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