TOWN CLERK, ROCKLAND

APR 15'21 AM 11 Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance Commonwealth

of Massachusetts	
Fill in Reporting Period dates: Beginning Date: 3	File with: City or Town Clerk or Election Com
Type of Report: (Check one)	4/15/2021
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)	T Unssoration
Selectman Office Sought and District	Committee Name
20 Payson Ave, Rockland, MA 02370 Residential Address	Name of Committee Treasurer
E-mail: liffanieneedham @gmailicom Phone # (optional):	Committee Mailing Address E-mail:
	Phone # (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	3, 347, 79
Line 3: Subtotal (line 1 plus line 2)	3 2 11
Line 4: Total expenditures this period (page 5, line 1	4) 3,347.79
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6	6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Rockland	Trust
avit of Committee Treasurer: ify that I have examined this report including attached schedules and it is, to the best of my ty, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribu- tie activity of all persons acting under the authority or on behalf of this committee in accordance to the penalties of perjury:	
CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
ertify that I have examined this report including attached schedules and it is, to the best of a curred any liabilities nor made any expenditures on my behalf during this reporting period the curred and the committee in accordance and included without Committee.	my knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions, that are not otherwise disclosed in this report.
ertify that I have examined this report including attached schedules and it is, to the best of nance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind apaign finance activity of all persons acting under the authority or on behalf of this candidate the penalties of perjury:	the in accordance with the requirements of the

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 2ar. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the

ccupation 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

t all receipts. I	ryer must be reported for all persons who complete, persons who complete persons are personally persons and persons who complete persons who complete persons are personally persons and persons are personally persons and persons are personally persons and persons are personally persons are personally persons and persons are personally persons and persons are personally personally personally persons are personally personally persons are personally personally personally persons are personally personally personally persons are personally pe	Amount	Occupation & Employer (for contributions of \$200 or more)
19 / 2021	(alphabetical listing required) Mathew Ciavatheri Burns Way	\$ 100.00	
19/2021	Weymouth, MA OZ	\$ 100.00	Rea Ho
10 2021	Thomas williams 139 Hymarock Beach Rd	\$ 500,00	
	Schuate, MA 02047 Schuate, MA 02047 Tiffanie Needham Rockland	2.647.	candidate Contribution
26/21	20 Faysin 1001 mA 023 70		
Line 9: Tot	al Receipts over \$50 (or listed above)	3,34	7.79
Line 10: To	otal Receipts \$50 and under* (not listed about a RECEIPTS IN THE PERIOD e itemized receipts of \$50 and under, include the		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 no

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11			
e 9: Total Receipts	s over \$50 (or listed above)		
e 10: Total Receipts	s \$50 and under* (not listed above)		
ne 11: TOTAL REG	CEIPTS IN THE PERIOD	←	Enter on page 1, line 2
	ceipts of \$50 and under, include them in line		

^{*} 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.)

report all expenditures. Please include your committee name and a page number on each page.)					
D-4- D-11	To Whom Paid	Addungs	Dunness of Francistans	Amount	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
	1				
1					
				r	
		1			
L			L		
			L		
	1.				
Line 12: Total Expenditures over \$50 (or listed above)					
		Line 13: Total Expenditures \$50	0 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
	F0,				

^{*} 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
319/21	Abbey Knoll Photography	207 Broadway St Hanover, MA	Headshots	\$120.00
3/18/21	Printing Unlimited	63 Plymouth St Holbrook, MA 02343	Signs	383.56
319/21	Printing Unlimited	63 Plymouth St Holbrook, MA 02343	Mailer/Postage	2,7093
3/26/21	Tilden's Flonst	148 Market St Rockland, MA 0370	Spansored Lonely Bouquet	120
3/19/21	Melinda Garofalo	83 S Douglas St Rockland, MA 02370	Campourgn Mask	\$ 15
	I	ine 12: Expenditures over \$50 ((or listed above)	3,332.79
	I	ine 13: Expenditures \$50 and un	nder* (not listed above)	15,00
		nclude them in line 12. Line 13 sho		3,347,79

^{*} 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	
	N/A				
L	Line 15: In-Kind Contributions over \$50 (or listed above)				
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)		
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

^{*} 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 Due	Address	Purpose	Amount
	N/A			
	77.			
	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

			*