

## 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: 1-1-	- 2021 Ending Date: 12-31-2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution
Candidate Full Name (if applicable)	C.T. E. Kara L. Nyman
Rockland Board of Scientmen Office Sought and District	Robert Manoney Name of Committee Treasurer
405 W. Water Street Residential Address	20 King Phillip Lane, Hanover, MA 02330 Committee Mailing Address
E-mail: Kara L Nyman egmail com	E-mail: RFMahoney3@Verizon. net
Phone # (optional):	Phone # (optional): 617-653-7-505
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	524.18
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	524.18
Line 4: Total expenditures this period (page 5, line	324.55
Line 5: Ending Balance (line 3 minus line 4)	199.63
Line 6: Total in-kind contributions this period (page	ge 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Rockland	Trust
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
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 bactivity, of all persons acting under the authority or on behalf of this committee in accommodate any liabilities nor made any expenditures on my behalf during this reporting processing the committee of the commi	period that are not otherwise disclosed in this report.
I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of periury:	(Candidate's signature) Date: 1 2123

## **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)	
			10.0	
			1000	
1363313				
"				
ine 9: Total Rece	ipts over \$50 (or listed above)			
	-F12 0.21 40.1 (01 12000 00010)			
ine 10: Total Reco	eipts \$50 and under* (not listed above)			
ine 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

<sup>\*</sup> 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
9/19/21	HARMON GOIF	CONCOLL SIT		721/2
719121		ROCKLANZ MA	Police Break FAST	324.55
		Manage distance.		
				No. deskriberado.
			All describe contracts and district.	
		- ACCELATION ACMINISTRATION OF THE STATE OF		
	3002-00440000-003	Line 12. Expanditures expands (or listed above)		2745
			32455	
Line 13: Expenditures \$50 and under* (not listed above)			0	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 3245				32455
f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

<sup>\*</sup> 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.

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Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
		1			
		Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

<sup>\*</sup> 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.

Page 6