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: 67,000 Ending Date: 100,0003
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding preliminary 8th day preceding preliminary 1 30 day after election 4 </td
Allison B. Somboto Candidate Full Name (if applicable) School Committee Tash of Honover Office Sought and District 30 Hickory Lone, Honover, MA 02339 E-mail: allison morroccognail.com Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report#133.75Line 2: Total receipts this period (page 3, line 11)#133.75Line 3: Subtotal (line 1 plus line 2)#133.75Line 4: Total expenditures this period (page 5, line 14)#133.75Line 5: Ending Balance (line 3 minus line 4)#133.75Line 6: Total in-kind contributions this period (page 6)#Line 7: Total (all) outstanding liabilities (page 7)#
Line 8: Name of bank(s) used: Citizen's Book.
activity, including all contributions, loans, receipts, expenditures, those committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Candidate: (check 1 box only) Candidate with Committee 1 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 1 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 1 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.O.L. c. 55. Signed under the penalties of perjury: Signed under the penalties of perjury: Candidate's signature)

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.)

Deter	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	Contrainer States and the second second		
		a substanting a substant	
高加等 日外事			State of the second and the second
		Service and	
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	Th	Enter on social line 2
Line II: IUIAL	RECEIPTS IN THE LEXIOD	4	← 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)

Name and Residential AddressDate Received(alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
	(alphabellear houng requires)		
	Charles and the second s		
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	B	← 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

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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Charles and the second			
		a service of the service of the		
Reported top				
				the state of the second second
				Sec. St. Sec.
				all when a services
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		T 10, T. 11 T. 11, 00	0 and underst (not lists 1 at an)	
		Line 13: Total Expenditures \$5	o and under. (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD			<u> </u>	

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Principal Distance and the		
		Line 12: Expenditures over \$5	50 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1 line $4 \rightarrow$	Line 14: TOTAL EXPENDI		6

* 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
		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	B

* 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 $7 \rightarrow$	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	Ø

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 $7 \rightarrow$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	Þ