

Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 6/7/2	Ending Date: 12/31/22			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Kristen Cervantes	Committee to Elect Kristen Cervantes			
Candidate Full Name (if applicable)	Committee Name			
Hanover School Committee Office Sought and District	David Traggortii			
262 Grove Street, Hanover, MA 02339	363 Crove Street Hansver MA 03230			
Residential Address	Committee Mailing Address			
E-mail: kristen.elinor@gmail.com	E-mail: dave@causewaydevelopment.com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	657.93			
Line 2: Total receipts this period (page 3, line 11)	0			
Line 3: Subtotal (line 1 plus line 2) 657.93				
Line 4: Total expenditures this period (page 5, line 14)				
Line 5: Ending Balance (line 3 minus line 4)	657.93			
Line 6: Total in-kind contributions this period (page	ge 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: Rockland Trust, Veni	mo			
Affidavit of Committee Treasurer: 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 committee in a signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	r orbi)			
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 accincurred 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.			
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	, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: 11823			

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.)

Lord mr. voor-boss v	Name and Residential Address Occupation & Employer				
Date Received (alphabetical listing required) Amount		Amount	(for contributions of \$200 or more)		
		<u> </u>			
Line 9: Total Recei	pts over \$50 (or listed above)	0			
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0			
ine 11. TOTAL D	RECEIPTS IN THE PERIOD	← Enter on page 1, line 2			
Line II. I VIAL N	ECEN IS IN THE LEMOD	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)
Line 9: Total Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	← 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	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	- 11			
		L		
		Line 12: Total Ermanditures	over \$50 (or listed above)	
		Line 12: Total Expenditures of	over 500 (or listed above)	
		Line 13: Total Evnandituras C	50 and under* (not listed above)	
		Line 13. Total Expenditures \$	30 and under (not listed above)	
	Entor on nega 1 line 4	Line 14: TOTAL EXPENDI	TUDES IN THE DEDION	

^{*} 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	Address	D	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Personal Control Contr			
		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and u	under* (not listed above)	0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			0	

^{*} 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)		0
		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

^{*} 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

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
				a ?
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0