

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachus	setts		File with: City or Town Clerk or Election Commission		
Fill in Re	eporting Period dates: Beginning Date: 03/21/	/2022	Ending Date: 04/19/2022		
	Report: (Check one) y preceding preliminary X 8th day preceding election	30 day a	after election vear-end report dissolution		
	/ preceding premininary 🔀 sur day preceding election	30 uay a	after election vear-end report dissolution		
Michelle D		Committe	ee to Elect Michelle Davidson		
Trustee of	Candidate Full Name (if applicable) the Public Library	Paisley D	Committee Name Davidson		
	Office Sought and District		Name of Committee Treasurer		
518 Whitir	ng St., Hanover, MA 02339	518 Whit	ting St., Hanover, MA 02339		
	Residential Address		Committee Mailing Address		
E-mail:	MicheDavidson85@gmail.com	E-mail:	ElectMichelleDavidson@gmail.com		
Phone # (opti	ional):	Phone # (op	ptional):		
	SUMMARY BALANC	E INFOR	RMATION:		
	Line 1: Ending Balance from previous report		0		
	Line 2: Total receipts this period (page 3, line 11)		1,045		
FOWN OF HANBVER			1,045		
it.	CLine 4: Total expenditures this period (page 5, line 14)		-30.64		
	Line5: Ending Balance (line 3 minus line 4)		1,014.36		
10	E 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 Federal Cre	dit Union			
Affidavit of Committee Treasurer: I 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 all 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 committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: 4/19/22					
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)			
activity,	te with Committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in acc any liabilities nor made any expenditures on my behalf during this reporting	ordance with t	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 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.G.L. c. 55. Date: 4/19/22					
Signed under	the penalties of perjury: Muchalle Ja	N.Je	(Candidate's signature) Date: <u>4119122</u>		

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)
Apr 3, 2022	Suzanne Autio 66 Village Dr Quincy, MA 02169	50	Teacher, Torit School
Apr 8, 2022	Sheryl Grabon 70 Spruce Hill Ave Florence, MA 01062	50	Not employed, not employed
Mar 21, 2022	Richard Kennedy 518 Whiting St Hanover, MA 02339	50	QA Engineer, TechTarget
Mar 30, 2022	Andrew LaPre' 278 Bay Road Hadley, MA 01305	100	Engineer, FT Labs Corp
Apr 3, 2022	Michael LaPre' 3 Jefferson St. Warwick, RI 02888	100	Not employed, not employed
Apr 8, 2022	Denise LaPre' 34 Ellsworth Ave Springfield, MA 01118	150	School psychologist, East Windsor Public Schools
Mar 7, 2022	Marie LaPre'-Grabon 1873 Bunker Hill Rd. Hardwick, VT 05843	100	Not employed, not employed
Apr 2, 2022	Dylan McDanniel 6520 Cultus Bay Road Clinton, WA 98236	100	Executive, Epicenter Network Inc
Apr 4, 2022	Brendan Stone 7Clapp Road Hanover, MA 02339	100	Software engineer, Adobe Inc.
ine 9: Total Recei	pts over \$50 (or listed above)	800	
Line 10: Total Receipts \$50 and under* (not listed above)		245	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	1,045	← 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.

Date Received	Name and Residential Address	Amount	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		[
			L]
Line 9: Total Receip	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

* 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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
				Amount
				[]
[]				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	0
		Line 13: Total Expenditures \$50) and under* (not listed above)	31.43
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

* 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amorrat
Date Fait				Amount
[]				
[]				[]
		[
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

SCHEDULE B: EXPENDITURES (continued)

* 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
				P
Procession (1997)				
		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	

* 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 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				