Form CPF M 102: Can Municip Office of Campaign a	al Form	
of Massachusetts	File with: City or Town Clerk or Election Commission	
Fill in Reporting Period dates: Beginning Date: 6/20/2002	Ending Date: $\frac{7/21/2020}{2}$	
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	ay after election 🦳 year-end report 🗌 dissolution	
<u>Bhonda L. Nymm</u> <u>Candidate Full Name (if applicable)</u> <u>Homoven Bomen of Selectmen</u> <u>Office Sought and District</u> <u>Bo King Phillip Inne Homovep</u> <u>Residential Address</u> E-mail: <u>Bhund mymmm & YM00, Com</u> Phone # (optional): <u>Phone # (optional):</u>	C.T.E. Rhunda L. Mymm Committee Name Bobenr F. Mahoncey Name of Committee Treasurer 20 King Phillip Lime Committee Mailing Address Bhordanymm @ yahoo.com 4 (optional):	
SUMMARY BALANCE INF	ORMATION:	
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11)	2377. 28 146.05 2423 33	
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14)	1690. 58	
Line 5: Ending Balance (line 3 minus line 4)	133. 15	
Line 6: Total in-kind contributions this period (page 6)		
Line 7: Total (all) outstanding liabilities (page 7)	3433. 88	
Line 8: Name of bank(s) used: RockLinni	Trust Co.	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my known activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee Vertify that I have examined this report including attached schedules and it is, to the best of my activity, of all persons acting under the authority or on behalf of this committee in accordance we activity, of all persons acting under the authority or on behalf of this committee in accordance we activity, of all persons acting under the authority or on behalf of this committee in accordance we activity.	as and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: $\frac{\partial^2}{2}/\frac{2}{2}$ 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,	
 incurred any liabilities nor made any expenditures on my behalf during this reporting period that Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind or campaign finance activity of all persons acting under the authority or on behalf of this candidate Signed under the penalties of perjury: 	knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents 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 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	Commine Frontosia 263 Brunoway Homaeo		
⁶ /25/2020 7/8/2020		50,00	
Line 9: Total Receip	pts over \$50 (or listed above)	96.05	
Line 10: Total Recei	pts \$50 and under* (not listed above)	50,00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	146.05	← 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

1. 2.0

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.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
6/29/2020	Prinning Unlimition	63 Plymouth Sr. Holbrook, MA	Cimpaign literature	914.99
7/13/2020	CR# 103 Venuex Media	35 Vera Dr. Bridgewman, MA	Digitist Advertising	400,00
1/13/2020	CA # 102 Brechyemes	P.O. Box 8801 Wilmington, DE	Polineni Signs	375,59
Line 12: Total Expenditures over \$50 (or listed above) 1/6			1690.58	
Line 13: Total Expenditures \$50 and under* (not listed above)				
			1190 58	

Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD

1690

* 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 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.

SCHEDULE D: LIABILITIES

A.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
3/19/200	VISA PRINT	275 Wyman Sr. WALINAM, MA	BUSINESS CARDS	24.21
3/28/20	MASS Democration PARTY	BUSTON, MA	Vore Builder	500,00
3/23/20	Venvex Media	35 VERA Dr. Bridge WATER M.	Web Page email treet	636.08
5/5/20	Sreve Darrey	In Temple Rd. Marshfield MA	Advertising Vorebuilder DATA	500,00
5/5/20	Town of Uma	550 Homover R Homover MA	519n permit	5.00
5/9/30	U.5.P.5.	1405 Hornover ST 196 Rockinns	F Posrage	538,00
6/3/20	Triger.	Himover, M 385 Center Ave	Componign Depolies	138.94
5/18/20	Printing Unlimite	1167 Wishington St Homover	Polineni signs	1090.65
		63 Plymouth Sirect Holbrook MA		
Enter on page 1, line $7 \rightarrow$ Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				3422.88