

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: 3/1/22	Ending Date: <u>4/29/22</u>
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day	after election vear-end report dissolution
TAMMY TEOESCHI Candidate Full Name (if applicable) BOARO OF Library Trustees Office Sought and District 34 Twin Fawn Dr. Handress Residential Address E-mail: Ttedeschi @ Verizon.n et	Committee Name TOWN OF HANDER Namp R C2m Gitt 2022 asure Committee Name Committee Name Name Committee Name Committee Name Comm
Phone # (optional): Phone # (optional):	optional):
SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	318,23
Line 3: Subtotal (line 1 plus line 2)	318.23
Line 4: Total expenditures this period (page 5, line 14)	318,23
Line 5: Ending Balance (line 3 minus line 4)	ø
Line 6: Total in-kind contributions this period (page 6)	ø
Line 7: Total (all) outstanding liabilities (page 7)	ø
Line 8: Name of bank(s) used: CITIZENS BANK	

Affidavit of Committee Treasurer:

attached schedules and it is to the best of my knowledge and belief, a true and complete statement of all campaign finance I certify that I hav ined this · · · · · activ ign finar

activity, incl	luding all contributions, loans, receipts, expenditures, disbursements, in-kind contributions a vity of all persons acting under the authority or on behalf of this committee in accordance wi	nd liabilities for this reporting period	d and represents the campaign
Signed unde	er the penalties of perjury:	(Treasurer's signature)	Date:
FOR CA	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)		
I certify activity	date with Committee y that I have examined this report including attached schedules and it is, to the best of my kn y, of all persons acting under the authority or on behalf of this committee in accordance with d any liabilities nor made any expenditures on my behalf during this reporting period that ar	the requirements of M.G.L. c. 55. I	have not received any contributions,
I certify finance	date without Committee y that I have examined this report including attached schedules and it is, to the best of my kr activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contri gn finance activity of all persons acting under the authority or on behave of this candidate in	ibutions and liabilities for this report	ting period and represents the
Signed unde	er the penalties of perjury:	(Candidate's signature)	Date: 9/28/2022

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	Amount	Occupation & Employer (for contributions of \$200 or more)
	(alphabetical listing required)	Amount	
3/1/2022	TANMY TEDESCHI 34 Tuin Fawn DR HANDLEF, MA 02339	318.23	School ADMINISTRATOR TOWN OF Scituate
Line 9: Total Recei	pts over \$50 (or listed above)	318.23	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD 318.23			← 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)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← 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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/20/2023	Esigns.com	5000 MASKELL AND VAN NUYS, CA 9140L	Signagi	162.35
4/15/22	Imprint. com	14550 Beechnutst Houston, TX 77083	Signagp	125.88
4/24/22	STAPLES	125 CHUICH ST PEMBROKE,MA	Signage	30
		Line 12: Total Expenditures over	er \$50 (or listed above) 318,2	3200 A
		Line 13: Total Expenditures \$50		
	Enter on page 1, line 4 \rightarrow	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	318,23

* 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	Amount
		Line 12: Expenditures over \$50) (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
Enter on page 1, line $4 \rightarrow$ 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
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	-			
temperatures and the second sec		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	Ø

* 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 OUTSTANI	DING LIABILITIES (ALL)	