

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: 61	3/93 Ending Date: 12/3//93				
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election				
Candidate Full Name (if applicable) Trustee of the Public Library Office Sought and District 77 School St. Hannult, MA 0 \(\frac{3}{3}\) 35 Residential Address E-mail: Phone #:	Committee to elect Pinhatai Kollowsky Committee Name Keith Kollowsky Name of Committee Treasurer 97 School St. Hanover na 00339 Committee Mailing Address E-mail: Phone #:				
CYTREBULDAY DAY ABIO					
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, Line 7: Total (all) outstanding liabilities (page 7, line 1 Line 8: Total out-of-pocket expenses this period (page 8) Line 9: Name of bank(s) used:	1360,91				
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:					
Candidate with Committee 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 ac incurred any liabilities nor made any expenditures on my behalf during this reporting 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	be best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period that are not otherwise disclosed in this report. be best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of periury: Problem KOSLONAS M	(Candidate's signature) Date: 1/10/2024				

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
	MA		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	NA		
Line 10: Total Receipts over \$50 (or listed above) Line 11: Total Receipts \$50 and under (not listed above)			* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
	ECEIPTS IN THE PERIOD	0	itemized above. ← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		NA		
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date raid	(aipharcheal listing)	Audiess	1 ut post of Expenditure	Amount
		NA		
* If you have	* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		(or listed above)	
should includ	te only those expenditures not itemized above.			
	Enter on page 1, line 4 →	1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		NA		
Transmission of the state of th				
	emized in-kind contributions of	Line 16: In-Kind Contributions over	\$50 (or listed above)	
\$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTR	RIBUTIONS IN THE PERIOD	0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		NA		
	Enter on page 1, line $7 \rightarrow$	Line 19: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
	NA		
Line 20: Total Itemize (or listed above)	d Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50
	ized Out-Of-Pocket Expenditures \$50 and		and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-O	DF-POCKET EXPENDITURES IN THE PERIOD	D	← Enter on page 1, line 8 Page 8