

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 Commiss
Fill in Reporting Period dates: Beginning Date: 1	1 2023 Ending Date: 12 31 2023
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election
MARY JANE BYRNES Candidate Full Name (if applicable) WILMINGTON SCHOOL COMMITTEE Office Sought and District PROCESSOURCE Phone #: (978) 994 - 5946	Committee Name Name of Committee Freasuren Committee Mailing Address E-mail: Phone #:
SUMMARY BALANC	
Line 1: Ending Balance from previous report	Ø
Line 2: Total receipts this period (page 3, line 12)	Ø
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 15)	0.00
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period (page 6,	line 18)
Line 7: Total (all) outstanding liabilities (page 7, line 1	9)
Line 8: Total out-of-pocket expenses this period (page 8	3, line 22)
Line 9: Name of bank(s) used:	
Affidavit of Committee Treasurer: I 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 of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. [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 activity and 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 of on behalf of this	be best of my knowledge and belief, a true and complete statement of all campaign final coordance with the requirements of M.G.L. c. 55. I have not received any contribution g period that are not otherwise disclosed in this report. be best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	Candidate's signature)

SCHEDULE A: RECEIP 15

4.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 ear. 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. Ittach 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	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphanchear nating required)		
			·
		,	
	1	J	* If you have itemized receipts of \$50 and
Line 10: Total Receipts over \$50 (or listed above)		under, include them in line 10. Line 11	
Line 11: Total Receipts \$50 and under (not listed above)			should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD		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	Duran or of E 1'4	
	, command	Audress	Purpose of Expenditure	Amount
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And Andrews				

SCHEDULE B: EXPENDITURES (continued)

D. J. D. C.	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	T dispose of East	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sec. 1	
* If you have	* If you have itemized expenditures of \$50 Line 13: Expenditures over \$50 (or listed above)			
and under, include them in line 13. Line 14 should include only those expenditures not itemized above. Line 14: Expenditures \$50 and under (not listed above)		under (not listed above)		
	Enter on page 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

]	or committee name and a-page number o	n each additional page.		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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				,
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			2	
should include only these arms like and the		Line 16: In-Kind Contributions ove	r \$50 (or listed above)	
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD				

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
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	:	·		
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

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	
	·			
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above) Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8	