

RECEIFORM CPF M 102: Campaign Finance Report Municipal Form

2023 APR 18 AM 9: 18

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

TOWN OF WILMINGTON, MA

Fill in Reporting Period dates: Beginning Date: 3 3 202	3 Ending Date: 04-14-2023						
Type of Report: (Check one) 8th day preceding preliminary	after election year-end report dissolution						
Candidate Full Name (if applicable) SEFEL SMAC Office Sought and District I SMCIELT ST. Inten Mp 01887 Residential Address E-mail: Im, defeo, ws b & GMA., com Phone # (optional):	Committee Name Name of Committee Treasurer Committee Mailing Address optional):						
SUMMARY BALANCE INFO	RMATION:						
Line 1: Ending Balance from previous report	Sq.						
Line 2: Total receipts this period (page 3, line 11)	<i>₽</i>						
Line 3: Subtotal (line 1 plus line 2)	8						
Line 4: Total expenditures this period (page 5, line 14)	i 16.37 ×						
Line 5: Ending Balance (line 3 minus line 4)	-2/16.37 X						
Line 6: Total in-kind contributions this period (page 6)	K						
Line 7: Total (all) outstanding liabilities (page 7)	B						
Line 8: 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 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:						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my kr activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period that an	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 known finance activity, including contributions, leans, receipts, expenditures, disbursements, in-kind contributions acting under the authority or on behalf of this candidate in	ributions and liabilities for this reporting period and represents the accordance with the requirements of M.G.L. c. 55.						
Signed under the penalties of perjury:	(Candidate's signature) Date: <u>6 4/-17-2073</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.)

D-4- D	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	

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## P P P P P P P P P P P P P P P P P P				
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t 0. T-/ 1 D	050/ 11/11/			
ine 9: Total Receip	pts over \$50 (or listed above)			
ine 10: Total Recei	pts \$50 and under* (not listed above)			
and to. Total Necel	The document (not listed above)			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		Enter on page 1 line 2	
ne 11: TOTAL R	ECEIPTS 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1	
		The state of the s	
ine 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	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.)

report an expend		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				
3 25 23	Sinis on the Cheap	115 25 Stenetollow D. Austria In 78758	Yard Sinn's	41637				
Line 12: Total Expenditures over \$50 (or listed above)			416.37					
Line 13: Total Expenditures \$50 and under* (not listed above)								
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD Lib. 3 If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized.								

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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