



RECEIVED

By Lisa Anderson at 5:20 pm, Nov 28, 2022

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled due date with receipts for expenses over \$100.

COMMITTEE NAME:

\_\_\_\_\_

Registered Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Committee Type: \_\_\_\_\_ Candidate Committee \_\_\_\_\_ Issue Committee \_\_\_\_\_

Name of Committee's Bank: \_\_\_\_\_

- Regularly Scheduled Filing DUE NOV 23
Amended Filing. This amends previous report filed on
Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Table with 2 columns: Description and Amount. Rows include BEGINNING BALANCE, Contributions (+), Contributions In-Kind (+), Loans (+), Total Contributions, Expenditures/Expenditures In-Kind (-), and ENDING BALANCE.

Totals must match attached detailed reports.

I hereby certify that to the best of my knowledge and belief all contributions received and all expenditures made during this reporting period are accurately reflected in this report.

Registered Agent's Name: \_\_\_\_\_

Registered Agent's Signature: Kevin Bracken Date: \_\_\_\_\_

If Applicable

Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Detailed Report of CONTRIBUTIONS

**Record cash contributions made directly to the Committee**

**Record money spent by the Candidate or Individual on Expenditures - Also record Expenditures**

**Name of Committee:** \_\_\_\_\_

<u>Date Accepted:</u> _____  Amount: \$ _____	NAME (First, Last): _____  Address: _____  City/State/Zip: _____
<u>Date Accepted:</u> _____  Amount: \$ _____	NAME (First, Last): _____  Address: _____  City/State/Zip: _____
<u>Date Accepted:</u> \$ _____  Amount: \$ _____	NAME (First, Last): _____  Address: _____  City/State/Zip: _____
<u>Date Accepted:</u> _____  Amount: \$ _____	NAME (First, Last): _____  Address: _____  City/State/Zip: _____
<u>Date Accepted:</u> _____  Amount: \$ _____	NAME (First, Last): _____  Address: _____  City/State/Zip: _____
<u>Date Accepted:</u> _____  Amount: \$ _____	NAME (First, Last): _____  Address: _____  City/State/Zip: _____
<u>Date Accepted:</u> _____  Amount: \$ _____	NAME (First, Last): _____  Address: _____  City/State/Zip: _____

## Detailed Report of CONTRIBUTIONS IN-KIND

**Record value of Services or Items donated to the Campaign**

**Record the Expenses associated with Contributions In-Kind under Expenditures.**

**Name of Committee:** \_\_\_\_\_

<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____

## Detailed Report of EXPENDITURES

**Record expenses associated with In-Kind Contributions**  
**Record money spent by the Candidate or Individual as Expenditure or Reimbursement**  
**Record bank and electronic payment fees, etc.**

Name of Committee: \_\_\_\_\_

Date Expended: _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
Date Expended: _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
Date Expended: _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
Date Expended: _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____

**~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~**

# Detailed Report of LOANS

Name of Committee: \_\_\_\_\_

<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____