

# 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:	1/2023 Ending Date: 3/24/23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution
Charles K. Myrphy, Sr.  Candidate Full Name (if applicable)  Select Bonr D  Office Sought and District  43 Daniel Street  Residential Address FAIR haven MA  B-mail: Molfe add. Com  Phone # (optional): 774 - 930-5226	Committee to Cleat Charles K Mupply Committee Name Sk  JOANNE M. ReGO  Name of Committee Treasurer  43 DANIE Street FAIRhaven  Committee Mailing Address MA 02719  E-mail: Jrego 26 @ Compast . Net  Phone # (optional): 508-991-29.29
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	a, 318.35
Line 2: Total receipts this period (page 3, line 11)	-0-
Line 3: Subtotal (line 1 plus line 2)	2.318.35
Line 4: Total expenditures this period (page 5, line	14) 100.00
Line 5: Ending Balance (line 3 minus line 4)	2, 218·35
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	- 0 -
Line 8: Name of bank(s) used:	CLAND TRUST
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best a activity, including all contributions, loans, receipts, expenditures, disbursements, in kind or finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only
activity, of all persons acting under the anthonity or on behalf of this committee in accincured any liabilities nor made any expenditures on my behalf during this reporting persons.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
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	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of periory:	Candidate's signature) Date: 3/14/23

#### SCHEDULE A: RECEIPTS

COMMITTEE to Eleat

Charles K MURPHY

for all receipts over \$50 in a calendar

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.)

report all receipts. Please include your committee name  Name and Residential Addi  Date Received (alphabetical listing require		Amount	Occupation & Employer (for contributions of \$200 or more)	
e 9: Total Receip	ts over \$50 (or listed above)	-0-		
e 10: Total Receir	ots \$50 and under* (not listed above)	-0-		
ie 11: TOTAL RI	ECEIPTS IN THE PERIOD	-0-	← Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Charles K MURPHYSA

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
·			
ine 9: Total Receipts	s over \$50 (or listed above)	-0-	
ine 10: Total Receipt	s \$50 and under* (not listed above)	-0-	
ine 11: TOTAL RE	CEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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

Committee to Elect Charles K MURPHY

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 pages and a page with hor and a recommittee page.

	enditures. Please include your committee name and a page number on each page.)  To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1/25/	WOLFGER PRINT	MARY LOU Nichol SON	T-ShiAt	100 00	
/23	Be The Solution to LLV	MARY LOU Nichol SON 271 TABER AVE LON FROVIDENCE, RE0290	6 SPONSOR	100.00	
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				<u> </u>	
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				<u> </u>	
		Line 12: Total Expenditures over	r \$50 (or listed above)	1.0000	
		Line 13: Total Expenditures \$50	and under* (not listed above)	-0-	
	Enton on man 1 11 4 1	Line 14: TOTAL EXPENDITU	IDEC IX MITE DEDICE	100.00	

expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued).

Committee to Elect Charles K MUAPhy

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	<u> </u>	ine 12: Expenditures over \$50 (o		- 6-
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 → I	ine 14: TOTAL EXPENDITUR	ES IN THE PERIOD	100.00

<sup>\*</sup> 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

Committee to. Charles KMUMPH

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be 52 added together from the committee's records and included in line 16 on page 1.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
·				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	- 0-
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	- 0-

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.

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SCHEDULE D: LIABILITIES CHAPIES K MURPHY SA 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
				_
				<u> </u>
			NG LIABILITIES (ALL)	