

Form CPF M 102: Campaign Finance Report EIVED

Municipal Form

Office of Campaign and Political Finance

JAN - 5 2023

| Fill in Reporting Period dates: | Beginning Date: 01 | /01/2022 | Ending D | | 121/31/2022 | k'or Election | Commission |
|--|---|--|--|------------------------------------|---|---------------|----------------|
| Type of Report: (Check one) 8th day preceding preliminary | 8th day preceding election | □ 30 day | after election | ΓV v | ear-end report | □ dies | solution |
| our day preceding premimary | our day preceding election | | after election | LAY | ear-end report | uis: | Solution |
| DONNA M, ABDULLA | | TCTE D | ONNA ABDULLA | | | | |
| Candidate Full Name (if applicable) | | Committee Name | | | | | |
| BOARD OF SELECTME, SALISBURY Office Sought and District | | DONALD W. BEAULIEU Name of Committee Treasurer | | | | | |
| 5 JAK-LEN DR., SALISBURY, MA 0195 | | 58 MUD | 58 MUDNOCK RD., SALISBURY, MA 01952 | | | | |
| Residential A | Total Control of the | 30 1.02 | | | Mailing Address | | |
| E-mail: DABDULLA795 | 2@GTMAIL.COM | E-mail: | D | BRETIF | RED17@GMAIL.C | COM | |
| Phone # (optional): 978-465-2294 | | | ptional): | | 508-523-635 | 2 | |
| | SUMMARY BALANC | CE INFO | RMATION: | | | | 7 |
| Line 1: Ending Bal | Line 1: Ending Balance from previous report | | | | \$536.5 | 53 | |
| Line 2: Total receip | Line 2: Total receipts this period (page 3, line 11) | | | | \$1.3 | 34 | |
| Line 3: Subtotal (line 1 plus line 2) | | | | | \$537.8 | 37 | |
| Line 4: Total expenditures this period (page 5, lin | | | | | 0.0 | 00 | |
| Line 5: Ending Balance (line 3 minus line 4) | | | | | \$#537.8 | 37 | |
| Line 6: Total in-kind contributions this period (pa | | | | | 0.0 | 00 | |
| Line 7: Total (all) | | | | 0.0 | 00 | | |
| Line 8: Name of bank(s) used: INSTUTION FOR SAVINGS | | | | | | | |
| Affidavit of Committee Treasurer: I certify that I have examined this report includi activity, including all contributions, loans, receifinance activity of all persons acting under the a Signed under the penalties of perjury: | pts, expenditures, disbursements, in-kind uthority or on behalf of this committee in | contributions accordance w | and liabilities for this | reportin of M.G.I | g period and represe | | npaign |
| Candidate with Committee I certify that I have examined this report in activity, of all persons acting under the autincurred any liabilities nor made any exper Candidate without Committee I certify that I have examined this report in | cluding attached schedules and it is, to the hority or on behalf of this committee in a diditures on my behalf during this reporting cluding attached schedules and it is, to the | e best of my ke cordance with g period that a e best of my ke | the requirements of e not otherwise discl | M.G.L. o osed in t a true an | c. 55. I have not reconhis report.d complete statement | eived any o | contributions, |
| finance activity, including contributions, lo campaign finance activity of all persons ac | | is candidate in | | requiren | nents of M.G.L. c. 53 | | |

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.)

| -b ur receiber 1 | lease include your committee name and a pa Name and Residential Address | | |
|---|--|----------|--|
| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
| Jaco Received | (alphabetten using required) | Amount | (101 Contributions of \$200 of more) |
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| Line 9: Total Recei | pts over \$50 (or listed above) | | |
| ine 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL I | RECEIPTS IN THE PERIOD | | ← Enter on page 1, line 2 |
| If you have itemira | | <u> </u> | |

^{*} 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 | A | Occupation & Employer |
|---------------------|---|--------|--------------------------------------|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) |
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| Line 9: Total Recei | pts over \$50 (or listed above) | | |
| Line 10: Total Rece | ipts \$50 and under* (not listed above) | \$1,34 | |
| Line 11: TOTAL R | RECEIPTS IN THE PERIOD | 4.04 | ← Enter on page 1. line 2 |
| | | | 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.)

| 1 oport an expend | To Whom Paid | ntice name and a page number on | I I | |
|---|------------------------|----------------------------------|---------------------------------|----------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| Date Faiu | (агриансисат изинд) | Auuress | 1 at pose of Expenditure | Amount |
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| | | Line 12: Total Expenditures ov | er \$50 (or listed above) | |
| | | <u> </u> | | |
| | | Line 13: Total Expenditures \$50 |) and under* (not listed above) | |
| | | | | |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | |

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

| To Whom Paid | | | | |
|--|---|---|---------------------------|------------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
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| | | Line 12: Expenditures over \$50 | (or listed above) | |
| | | | | |
| | | Line 13: Expenditures \$50 and | under* (not listed above) | |
| | Enter on page 1 line A → | Line 14: TOTAL EXPENDIT | URES IN THE PERIOD | () |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 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.