

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:	Ending Date: TOWN OF AVUN				
Type of Report: (Check one)	2024 NAR 21 P 1 US				
	30 day after election year-end report dissolution				
Shownon Scibrel Avon School Committee	Committee Name				
10 Lowson St Avon MA 02322 Residential Address	Name of Committee Treasurer Committee Mailing Address				
E-mail: Sh. Sabrel Gamail. Com	E-max:				
Phone #: 3860-45[-517]	Phone #:				
CONTRACTA VALUE AND COLOR OF THE COLOR OF TH	EN VELYDANDE A PRIVADI				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	D				
Line 2: Total receipts this period (page 3, line 12)	-0				
Line 3: Subtotal (line 1 plus line 2)	0				
Line 4: Total expenditures this period (page 5, line 15)	6				
Line 5: Ending Balance (line 3 minus line 4)	<i>D</i>				
Line 6: Total in-kind contributions this period (page 6,	line 18)				
Line 7: Total (all) outstanding liabilities (page 7, line 19					
Line 8: Total out-of-pocket expenses this period (page 8	l, line 22) \$ 391.13				
Line 9: Name of bank(s) used: Bank Of America					
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:					
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 knowledge and belief, a true and complete statement of all 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting 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 best of my knowledge and belief, a true and complete statement of all campaign finance activity, including 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 campaign finance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury: Date:					

SCHEDULE A: RECEIPTS (continued)

Bata Bassing I	Name and Residential Address	Amount	Occupation & Employer
Date Received	(alphabetical listing required)	AMURII.	(for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and 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 I	RECEIPTS IN THE PERIOD	A	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
				L
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		
	itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	0

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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee warm and a page symbor on each additional pages.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
1				
ī				
\$50 and under, include them in line 16. Line 17		Lin 16 In Wind Constitution of		
		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CON	TRIBUTIONS IN THE PERIOD	1

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
		II 10. TOTAL OFFICEANS		7

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
2/21/24	Signs on the Cheap 1,525 Stonehollow Dr Bezo Austin, TX 78758	\$391.13	campaign signs
(or listed above) Line 21: Total Uniter	ed Out-Of-Pocket Expenditures Over \$50 nized Out-Of-Pocket Expenditures \$50 and	4391.13	* 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.
under (not listed above Lime 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOR	\$391.13	Hemized above. ← Enter on page 1, line 8 Page 8