	Municipa	
	Office of Campaign an	d Political Finance
Commonwealt of Massachuse		File with: City or Town Clerk or Election Commis
Fill in Rep	porting Period dates: Beginning Date:	Ending Date: 12/31/22
Гуре of R	Leport: (Check one)	
38th day	preceding preliminary 🔲 8th day preceding election 🗌 30 da	y after election year-end report dissolution
	Mark A. Gram	im Campaign Committee
	Candidate Full Name (if applicable)	Committee Name
	Councilor At Lorge	Mark E Flianis Name of Committee Treasurer
108	- I aland Rat Marchaguela	Wandland Rued Halden Mrt
100	Residential Address	Committee Mailing Address 01570
Felephone Nu	mber (optional):	ne Number (optional): 774, 364, 2176
Γ	SUMMARY BALANCE INFO	DRMATION:
	Line 1: Ending Balance from previous report	26.85
	Line 2: Total receipts this period	·······
		18.00
	Line 3: Subtotal	44.85
	Line 4: Total expenditures this period	Ð
	Line 5: Ending Balance	44.85
	Line 6: Total in-kind contributions this period	0,
	Line 7: Total (all) outstanding liabilities	13.107.75
	Line 8: Name of bank(s) used: St. Mary's	Gradit Union
L	committee Treasurer:	
certify that I	have examined this report including attached schedules and it is, to the best of my know	s and liabilities for this reporting period and represents the campaign
inance activity	y of all persons acting under the authority or on behalf of this committee in accordance	with the requirements of M.G.L. c. 55.
	the penalties of perjury:	(Treasurer's signature) Date: 1/19/33
	te with Committee and no activity independent of the committee	
I certify the activity, o	hat I have examined this report including attached schedules and it is, to the best of my of all persons acting under the authority or on behalf of this committee in accordance w any liabilities nor made any expenditures on my behalf during this reporting period.	knowledge and belief, a true and complete statement of all campaign fin th the requirements of M.G.L. c. 55. I have not received any contributio
- I certify th	te without Committee <u>QR</u> Candidate with independent activity fillng separate rep hat I have examined this report including attached schedules and it is, to the best of my ctivity, including contributions, loans, receipts, expenditures, disbursements, in-kind co	knowledge and belief, a true and complete statement of all campaign

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.)

Date Received	Name and Residential Addressate Received(alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)	
		Amount		
,				
3				
Line 9: Total Rec	eipts over \$50 (or listed above)			
Line 10: Total Rec	eipts \$50 and under* (not listed above)	18.00		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	18.00	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 D: LIABILITIES

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
1/1/97- 12/31/22	Mark A. Oram	108 Upland Rd Marlborough MR	Loons to Campaisn	13107.75
	Enter on page 1, line 7 \rightarrow	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	13107.75