

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political FinanceRECEIVED

CITY CLERK'S OFFICE
CITY OF MARLBOROUGH

Fill in Reporting Period dates: Beginning Date:	Ending Date! 25 Page 2
Type of Report: (Check one)	
	30 day after election year-end report dissolution
out any processing promission.	
Mark A Oram Candidate Full Name (if applicable)	Ovan Canpaign Consittee
	m Lr Cl.
Office Sought and District	Name of Committee Treasurer
108 Upland Road Marlborough	61 Woodland Rd, Holden MIA Committee Mailing Address 015 20
Telephone Number (optional):	elephone Number (optional): 774. 364. 2176
SUMMARY BALANCE I	NFORMATION:
Line 1: Ending Balance from previous report	44.85
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	44.85-
Line 4: Total expenditures this period (page 5, line 14	9,00
Line 5: Ending Balance (line 3 minus line 4)	35.85
Line 6: Total in-kind contributions this period (page 6	5)
Line 7: Total (all) outstanding liabilities (page 7)	13,107.75
Line 8: Name of bank(s) used: 54. Mary	credit Union
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures, dishursements, in-kind contributions activity of all persons acting under the authority or op to the contribution according to the contribution of the cont	butions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date: 10/34/2/
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only	y)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.	of my knowledge and belief, a true and complete statement of all campaign finance nce with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separat I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in-ki campaign finance activity of all persons acting under the authority or on behalf of this committee.	of my knowledge and belief, a true and complete statement of all campaign ind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 10-25-21

SCHEDULE A: RECEIPTS (continued)

	Occupation & Employer		
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
			√.
		Manage of the Control	
	8		
			7.
		1	
Line 9: Total Rece	ipts over \$50 (or listed above)	2	
Line 10: Total Rece	sipts \$50 and under* (not listed above)	0	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	5	← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/1-9/30	St. Mary's Coodst		Bunk Service Charges	9.00
		Line 12: Expenditures over	\$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →		ITURES IN THE PERIOD 3 should include only those expenditure	9.00

^{*} 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

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

Date 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)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} 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

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 —	Mark A. Oram	108 Upland Rd Marlborough MM	Lours to Campaign	13,607.75