

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 12/31/2021  Type of Report: (Check one)  Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution  Carrie Marie Palazzo  Candidate Full Name (if applicable)  Weymouth School Committee  Office Sought and District  16 Keating Circle Weymouth, Ma 02190  Residential Address  E-mail: Candidate Full Name File with: City or Town Clerk or Election Committee  12/31/2021  Ending Date: 12/31/2021  Ending Date: 12/31/2021  Committee Name of Committee Name  Committee Name  Committee Name  Committee Mailing Address  E-mail: E-mail:	nmission
Sth day preceding preliminary	IIIISSIOI
Carrie Marie Palazzo Candidate Full Name (if applicable)  Weymouth School Committee  Office Sought and District  16 Keating Circle Weymouth, Ma 02190  Residential Address  Committee Mailing Address	
Candidate Full Name (if applicable)  Weymouth School Committee  Office Sought and District  16 Keating Circle Weymouth, Ma 02190  Residential Address  Committee Name  Name of Committee Treasurer  Committee Mailing Address	on
Office Sought and District  16 Keating Circle Weymouth, Ma 02190  Residential Address  Name of Committee Treasurer  Committee Mailing Address	
16 Keating Circle Weymouth, Ma 02190  Residential Address  Committee Mailing Address	
Residential Address Committee Mailing Address	
Sparitize Sparit	
Phone # (optional):  Phone # (optional):	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: South Shore Bank	
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 fina 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:  (Treasurer's signature)  Date: 1/20/202  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	1ce
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 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 default of this candidate in accordance with the requirements of M.G.L. c. 55.	utions,

#### **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.)

	Name and Residential Address		Occupation & Employer		
<b>Date Received</b>	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
	South Shore Bank		REFUND Inactivity Fee		
anuary 22, 2021	1530 Main Street	20.00			
anuary 22, 2021	Weymouth, Ma 02190	20.00			
	Carrie Palazzo		Deposit		
une 16,2021	16 Keating Circle Weymouth, Ma 02190	5.00			
	Treymoust, the 62.100				
	Carrie Palazzo		Deposit		
	16 Keating Circle		рерозіт		
ugust 31,2021	Weymouth, Ma 02190	20.00			
		11 1			
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	ļ.				
ine Q. Total Dage	ipts over \$50 (or listed above)				
me 9. Total Rece	The over \$20 (or used above)		]		
: 10: T-4 1 D	-int 050 and an 3-24 (				
ine 10: 1 otal Reco	eipts \$50 and under* (not listed above)	3			
		45.00	1		
—	RECEIPTS 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS 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**

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.)

report all exper		mittee name and a page numb	per on each page.)	
D.4. D.13	To Whom Paid	4.33	D CE III	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
April 30, 2021	South Shore Bank	1530 Main Street	Inactivity Fee	10.00
May 28, 2021	South Shore Bank	fi530 Main Street	Inactivity Fee	10.00
Nov. 30, 2021	South Shore Bank	1530 Main Street	Inactivity Fee	10.00
Dec. 31,2021	South Shore Bank	1530 Main Street	Inactivity Fee	10.00
	•	Line 12: Total Expenditur	es over \$50 (or listed above)	
		Line 13: Total Expenditure	es \$50 and under* (not listed above)	4
			DITURES IN THE PERIOD  e 13 should include only those expenditure	40.00

<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.

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## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				c
J		Line 12: Expenditures over \$50	) (or listed above)	
		Line 13: Expenditures \$50 and		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<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

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)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<sup>\*</sup> 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
		o		
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	