

# Form CPF M 102: Campaign Finance Report RECEIVED Municipal Form POWN OF WEYMOUTH Office of Campaign and Political Flance TOWN CLERK'S OFFICE

\_\_ 2023 MAR 22 \_AM 9: 21 ...

Fill in Reporting Period dutes: Beginning Dute: 01/0	116022 Ending Date: 03/20/2023
Type of Report: (Check one)  Bth day preceding preliminary Bth day preceding election	
Cl sen on baccome bearing the immunity Cl sen on baccome election	☐ 30 day after election ☑ year-end report ☐ dissolution
Garry MacDougast	The Committee to Elect Gary MacDougall
Condidate Full Name (if applicable) Town Council District S	Committee Name Lituria MacDougail
Office Sought and Dutrict.	Name of Committee Trainway
131 Southern Ave Waymouth MA 02188	131 Southern Ave Weymouth MA
Hesidertal Address	Committee Mailing Address
E-mult: gary@macdougall.btz	E-mil:
Phone # (options):	Phone # (systems!):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	-352.79
Line 2: Total receipts this period (page 3, line 1	1) 9
Line 3: Subtotal (line 1 plus line 2)	-252.79
Line 4: Total expenditures this period (page 5, 1	ine 14)
Line 5: Ending Balance (line 3 minus line 4)	39.77
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: D Bank (Weymou	th)
Attiducity of Committee Termorier;  I norsily that I have examined this report including attached achedules and it in, to the be activity, including all contributions, learn, receipts, expenditures, dishortements, to kin finance activity of all persons acting under the authority of an ighalf of this committee    Signed under the penalties of perjury:  EOR CANDIDATE FILINGS ONLY: Affidavit of Candidates (cherth 1)	in accordance with the requirements of M.G.L. c. 13.  (Treatment's signature)  Date: 7/41/2022
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to distrivity, of all persons acting under the authority or on behalf of this committee in a successed any highlities not made any expenditures on my behalf during this reports  Candidate without Containing	he best of my knowledge and belief, a true and complete statement of all companys funness accordance with the requirements of M.G.L. c. 55. I have not received any committations, ng posted that are not otherwise disclosed in this report.  The best of my knowledge and belief, a true and complete statement of all companys as to be to find the companys.

#### 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 Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabetical listing required)	Amount	(10. 00.00.00.00.00.00.00.00.00.00.00.00.0
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	HI.		
			:#5 <sup>4</sup>
			L
			· .
Line 9: Total Rec	eipts over \$50 (or listed above)		
ine 10: Total Rec	ceipts \$50 and under* (not listed above)		
ine 11: TOTAL	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)
energe de la constant			
	pts over \$50 (or fisted above)		
	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		- Enter on page 1, line 2

a 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. 53 requires commisses to list, in alphabetical order, all expenditures over 350 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only themize those over 350. Expenditures 350 and under may be added together, from committee records, and reported on line 13.

(A "Schoolek B: Expenditures" attachment is available to complete, prist and attack to this report, if additional pages are required to

	To Whom Paid		n	4
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Cape Angue resource to the Visitory		1	
		ll III	1	
1			1	
		11		
		11		
- 1		11		
	_	11		3
		III III		
			i i	
		]		L
esson.		Line 12: Total Expenditures over	r \$50 (or listed above)	
		中國共享政治 自 國門 在 医生物试验 医动物性囊性性中枢神经中枢神经 植物 化 电电子	TO SECTION OF THE SEC	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
				711
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	

<sup>4</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not domized above.
Page 4

## SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
			(3. 110.00 110.10)	
	Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on mage 1 line 4 ->	Line 14: TOTAL EXPENDIT	HDECIN THE DEDICE	
If you have 4			nould include only those expenditures	

<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
	. 19			
	The second secon	Parameter Control of the Control of		
		,		
		No. 100		
				-
		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 →	ine 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 contributor is \$200 or more, you must also report the contributor's occapation and employer.

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## SCHEDULE D: LIABILITIES

M.G.L. c. 33 requires committees to report ALL liabilities which have been reported previously and are still autstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Duc	Address	Purpose	Amount
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		1		
				MARINE MA
J. L. Salako Arasa Sharan Sharan Ara	ra teo	apply me to the second		
	And Address And Andress Andres			
and Americal Company of the Company	And the second s			
***************************************	777-2704	D.J. and Street, Section 2		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				