

Fill in dates: Reporting Period Beginning

Form CPF M 102: Campaign Finance Report

Ending

	Municipal Form Office of Campaign and Political Finance
Commonwealth of Massachusetts	
File with: City or Town Clerk or Election Commission	Please print or type all information, except signatures.

Date

Month

1 ype of report: (Check one) 2 8th day preceding preliminary	ion □30 day after election □year-end report □dissolution
GREGORY M SHANAHAN Full Name of Candidate (if applicable) COUNCILOR AT LARGE	COMM TO ELECT GREG SHANAHAN Committee Name STEUE SHINNEY
Office Sought and District	Name of Committee Treasurer
Residential Address WEYMOUTH MA OG18P	Committee Mailing Address WEYMOUTH MA 02188
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pr Line 2: Total receipts this perio Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 min Line 6: Total in-kind contribution Line 7: Total (all) outstanding lia Line 8: Name of bank(s) used	d (page 2, line 11) \$ 1 403 00 period (page 3, line 14) \$ 6,110,92 as line 4) \$ 5,292.07 bilities (page 4) \$ 5
campaign finance activity, including all contributions, loans, receipts, experand represents the campaign finance activity of all persons acting under the M.G.L. c. 55. Signed under the penaltic activity of all persons acting under the penaltic signature (in ink)	Date
FOR CANDIDATE FILINGS O	ONLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any Candidate without Committee OR Candidate with independent action I certify that I have examined this report including attached schedules an campaign finance activity, including contributions, loans, receipts, expensions.	d it is, to the best of my knowledge and belief, a true and complete statement of all n behalf of this committee in accordance with the requirements of M.G.L. c. 55. I expenditures on my behalf during this reporting period. ivity filing separate report d it is, to the best of my knowledge and belief, a true and complete statement of all ditures, disbursements, in-kind contributions and liabilities for this reporting period the authority or on behalf of this committee in accordance with the requirements of

*								
	\$100.00	02188	MA	Weymouth	102 Comercial St.	Shangraw	Rebecca	10/22/23
	\$100.00	02191	MA	Weymouth	24 Athens St	Shanahan Learning Center	Shanahan	10/25/23
	\$50.00	02062	MA	Norwood	460 Pleasant St.	Polin	Greg	11/5/23
	\$25.00	02189	MA	Weymouth	63 Mt. Vernon Rd. W.	Newkirk	Lyn	10/29/23
self	\$200.00	02061	MA	Norwell	64 Shrine Rd.	Morris	Mike	10/22/23
	\$100.00	02332	MA	Duxbury	99 Bayridge Ln.	McLaughlin	Emily	10/22/23
	\$100.00	01906	MA	Saugus	63 Adams Ave	McLaughlin	Pat	11/6/23
	\$100.00	02339	MA	Hanover	48 Pleasantwoods Ln	Lee	James	10/25/23
	\$50.00	02190	MA	·Weymouth	95 Clarendon St	Jones	Nicole	10/29/23
	\$50.00	02061	MA	Norwell	25 Capt. Vinal Way	Jones	Kevin	10/29/23
	\$100.00	02190	MA	Weymouth	35 Claredon St	Johnston	Karen	11/7/23
	\$50.00	02188	MA	Weymouth	26 Bell Rd	Hessel	Marion	11/5/23
	\$50.00	02160	MA	Weymouth	200 Trotter Rd.	Hall	Geoff	10/22/23
	\$100.00	02474	MA	Arlington	108 Decatur St.	Gluz	Boris	10/22/23
	\$25.00	02188	MA	Weymouth	12 Klasson Ln	Dudik	Donna	10/25/23
State of MA	\$250.00	01852	MA	Lowell	44 Douglas Rd.	Capone	Sheila	10/22/23

Total Receipts in excess of \$50
Total Receipts \$50 and under

TOTAL RECEIPTS THIS PERIOD

\$1,400.00 \$50.00

\$1,450.00

		11/1/23 East Coast Printing 2 Keith Way Hingham, MA 11/1/23 East Coast Printing 2 Keith Way Hingham, MA 11/1/23 East Coast Printing 2 Keith Way Hingham, MA 12/12/23 Mayflower Strategies 489 Washington St. Norwell, MA
TOTAL EXPENDITURES	Expenditures over \$50 Expenditures \$50 and under	m, MA 2043 Mailer m, MA 2043 Mail Prep m, MA 2043 Postage II, MA 2061 Direct Mail Design/Consulting
\$6,110.92	\$6,110.92 \$0.00	\$1,750.00 \$475.00 \$3,385.92 \$500.00

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	0

^{*} 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.

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
E	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4