

# Form CPF M 102: Campaign Finance Report Municipal Form OWN OF WEST COMMON OF WES

2023 OCT 30 AM 10: 50

r						File with:	City or Town Cler	k or Elect	ion Commission
Fill in Re	eporting Period dates:	Beginning Date:	10/1/2	023	Ending 1	Date:	10/29/2023		=
Type of I	Report: (Check one)								
	~ ` `	th day preceding electi	ion F	7 20 day	after election	[ T	van and nanaut	□ dia	andution.
our day	y preceding premiumary N o	ui day preceding electi	OH [	_1 30 day	aner election	у	ear-end report	cns	ssolution
Raymond	Alongi			n/a					
	Candidate Full Name (if ap	olicable)				Comm	ittee Name		<del></del>
District 4									
	Office Sought and Dist	rict			Na	me of Con	nmittee Treasurer		
971 Pleas	ant St Weymouth MA 02189  Residential Address					·	Madding Adding		
E-mail:	rayalongi@yma			E-mail:	C	ommuee	Mailing Address		
-				-					i
Phone # (opti	ional): 781-25	4-2143	-	Phone # (	optional):				
		NETRARA A TORY TO A T	ABICE		DB & A WILLIAM				
	`	SUMMARY BAL	ANCE	INFU	KMATIUN:				
	Line 1: Ending Balance	from previous repor	t				n	/a	
	Line 2: Total receipts th	is period (page 3, lin	e 11)				780.4	41	
	Line 3: Subtotal (line 1	plus line 2)							
h	Line 4: Total expenditur	res this period (page	5, line	14)			780.	41	
	Line 5: Ending Balance	(line 3 minus line 4)	) 						
	Line 6: Total in-kind co	ntributions this perio	d (pag	e 6)				o	
	Line 7: Total (all) outsta	unding liabilities (pag	ge 7)					0	
	Line 8: Name of bank(s)	) used: Rockland Fede	ral Cred	lit Union					
Affidavit of (	Committee Treasurer:								
I certify that I activity, inclu	have examined this report including atta ding all contributions, loans, receipts, ex	penditures, disbursements, ir	n-kind co	ntributions	and liabilities for thi	s reporting	period and represe	all campai	gn finance mpaign
	ty of all persons acting under the authority r the penalties of perjury:	y or on benail of this commi	ittee in ac	cordance w	Treasurer		Dota: 1	0/29/20	)23
FOR CAN	DIDATE FILINGS ONLY: A	fidavit of Candidate: (chec	ck 1 box	only)					
I certify to activity,	that I have examined this report including of all persons acting under the authority of any liabilities nor made any expenditures	or on behalf of this committe	e in acco	rdance with	the requirements of	fM.G.L. c.	55. I have not rece	t of all car	mpaign finance contributions,
I certify t	the without Committee that I have examined this report including cetivity, including contributions, loans, re in finance activity of all persons acting un	ceipts, expenditures, disburs der the authority or on behal	ements, in	n-kind cont	ibutions and liabilit	ies for this	reporting period ar	d represen	mpaign nts the
Signed and or	the nanalties of nanium;	1 (1)	11.		/Clau 30 1 4 3		Date: 1	0/29/20	23

## **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)
10/1/2023	Raymond Alongi (self) 971 Pleasant St Weymouth, MA. 02189	780.41	self employed
ine 9: Total Rece	sipts over \$50 (or listed above)	780.41	
ine 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	780.41	← 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)
ine 9: Total Receip	ts over \$50 (or listed above)	0	
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD	0	← 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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10-5-2023	Corning Silk Screening	17 Bishop Ln Rockland MA 02370	Campaign Sinage Deposit	500.00
10-11-2023	Corning Silk Screening	17 Bishop Ln Rockland MA 02370	Campaign Sinage Final Pay	280.43
	1	Line 12: Total Expenditures ov	er \$50 (or listed above)	780.41
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	780.41

<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	Durage of E-man-lit-	A
Date Fakt	(зарианенсая пянпу)	Aduress	Purpose of Expenditure	Amount
	A			
===				
		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)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANE	DING LIABILITIES (ALL)	