

Form CPF M 102: Campaign Finance Report NORTON TOWN CLERK

Office of Campaign and Political Finance

File with: City or Toyyn Clerken Election Commission

| Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Frank J Parker III Candidate Full Name (if applicable) Select Board Office Sought and District Parker for Norton Committee Name Laura LC Parker Name of Committee Treasurer | | | | |
|---|--|--|--|--|
| Sth day preceding preliminary | | | | |
| Candidate Full Name (if applicable) Select Board Committee Name Laura LC Parker | | | | |
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| 4 Allen Dr. Norton MA 02766 4 Allen Dr. Norton MA 02766 | | | | |
| Residential Address Committee Mailing Address | | | | |
| Telephone Number (optional): (508) 736-7642 Telephone Number (optional): | | | | |
| SUMMARY BALANCE INFORMATION: | | | | |
| | | | | |
| Line 1: Ending Balance from previous report \$82.99 | | | | |
| Line 2: Total receipts this period (page 3, line 11) \$0.03 | | | | |
| Line 3: Subtotal (line 1 plus line 2) \$83.02 | | | | |
| Line 4: Total expenditures this period (page 5, line 14) \$0.00 | | | | |
| Line 5: Ending Balance (line 3 minus line 4) \$83.02 | | | | |
| Line 6: Total in-kind contributions this period (page 6) \$0.00 | | | | |
| Line 7: Total (all) outstanding liabilities (page 7) \$0.00 | | | | |
| Line 8: Name of bank(s) used: Rockland Federal 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 knowledge and belief, a true and complete statement of all campaign finance 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 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 my knowledge and belief, a true and complete statement of all 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report 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 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 behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of periods: (Condidately signature) Date: Feb. 12, 2021 | | | | |

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) |
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| ine 9: Total Recei | pts over \$50 (or listed above) | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD \$0.03 | | | ← 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.