

City or Town of:	Harvard Ma.	ssachusetts	Please	print or type all information, except signatures.
Reporting Perio		(MM/DD/YYYY)	Ending: /2/3//	2) 22 MM/DD/YYYY)
Type of Report: (preceding election 30th day follow	ring election (town or special)	Oth day of January (Year-End report)
Pursuant to M.G.I. 1. I certify the 2. I certify the	L. Chapter 55: at I am a candidate for or currently hold M.			
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
2/7/23	Sheila Simollardes	Sinollardes	64 East Bare Hill	Warner Free Lecture
		<u></u>		



City or Town of: Harvard	ard				Please print or type all information, except signatures.
Reporting Period:	Beginning: 01/01/2022)1/2022	Ending:	12/31/2022	
		(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (Check One)	One)				
8th day preceding pre	eliminary/primary	☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	30th day following election (town or special)	n or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:	ter 55:				
 I certify that I am 	a candidate for or co	 I certify that I am a candidate for or currently hold Municipal Office. 			

- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

 3. I certify that I do not have a political committee.

						1/31/2023	DATE
10.00			di manana da man			Stacie Cassat Green	PRINT NAME
						Shallen	Signed under the penalties of perjury
						69 Whitney Road	RESIDENTIAL ADDRESS (Street and Number)
						Library Trustee	OFFICE SOUGHT



City or Town of:

Form CPF M 102-0: Campaign Finance Report Municipal Form

City or Town of: Harvard			Please print or type all information, except signatures.
Reporting Period: Beginning: 01/01/2022		Ending: 12/31/2022	
	WWW.		
	(TITIONIAL)		OM/DD/YYYY
Type of Report: (Check One)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sth day preceding preliminary/primary 8th day preceding election		30th day following election frown or special	N port 1
Pursuant to M.G.L. Chapter 55:		Contract of the contract of th	(1 car-sing report)
1. I certify that I am a candidate for or currently hald Manifold over			

- w for or carrestary notal tymnospat Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

 3. I certify that I do not have a political committee.

	DATE 1/19/23
	PRINT NAME Rich Maiore
The Color	Signed under the penalties of perjury
DO SOUL KIRA	5F
Select Board	OFFICE SOUGHT

peporting Period: Beginning: 01/01/2022. Bnding: 12/31/2022. Support (Check One) Sth day preceding preliminary/primary	City or Town of:	Harvard			Please print or type all information, except signatu
ype of Report: (Check One) Sith day preceding preliminary/primary. Sith day preceding election 30th day following election (town or special) 20th day of January (Year-End report) arsuant to M.G.L. Chapter 55; 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence 3.1 certify that I do not have a political committee. SIGNATURE RESIDENTIAL ADDRESS DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	Reporting Period:		01/01/2022	Ending:	
1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence 3.1 certify that I do not have a political committee. SIGNATURE RESIDENTIAL ADDRESS DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT		ck One)		30th day following election (town o	
DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	1. I certify that I a 2. I certify that I h	am a candidate for or curre have not received any conti	ributions, made any expenditures, or in mittee.		
School Committee	DATE	PRINT NAME			
	1/20/2023 5	hannon Mol	by Sellie	282 Stow	WRd. School Committee



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Reporting Period: Beginning: O / O / 2002 Ending: O / 25 / 2013 Type of Report: (Check One) 8th day preceding preliminary/primary Sth day preceding election 30th day following election (town or special) 20th day of January (Year-End report) Persuant to M.G.L. Chapter 55: 1. teerlify that I have not exceeded any centributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence 2. teerlify that I do not have a political committee. DATE	City or Town of:	Harvard			<u> </u>	Please pri	nt or type all information, except signatures
Sth day preceding preliminary/primary Sth day preceding election 30th day following election (town or special) 20th day of January (Year-End report) Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence 3. I certify that I do not have a political committee. SIGNATURE RESIDENTIAL ADDRESS DATE PRINT NAME Signal under the populies of perjury (Street and Number) OFFICE SOUGHT	Reporting Perio	d: Beginning: L.		uunaanuumaanuumaanuumaanuumaanuumaanaanaanaanaanaanaanaanaanaanaanaanaan	Ending: O.	25/2	La
Pursuant to M.G.L. Chapter \$5: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence 3. I certify that I do not have a political committee. SIGNATURE RESIDENTIAL ADDRESS DATE PRINT NAME Signature OFFICE SOUGHT	Type of Report: (ommanamanamanamanamanamanamanamanamanama	aunaunanamanaunimanninterreterreterreterreterreterreterret	and the state of t	onanmasioneristiktiinkkistelelelelelelelelele	anun an	HARIMANIKAN MANIMANIAN MANIMANIKAN MANIMANIKAN MANIMANIKAN MANIMANIKAN MANIMANIKAN MANIMANIKAN MANIMANIKAN MAN
1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence	Sith day prece	ling preliminary/primary	3th day preceding election	30th day following	election (town or special)	\$2. 20th	day of Jamaary (Year-End report)
DATE PRINT NAME Signed under the pepulties of perjusy (Street and Number) OFFICE SOUGHT	1. I certify th 2. I certify th	n I am a candidate for or curr n I have not received any con	ntributions, made any expenditu	res, or incurred any obligati	ions during this reporting p	period, and do no	n have a campaign fund in existence.
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	Yaspa	Mara MEDWA	MIM I	Farin wax man il G	24 Shilkine		Select Dore
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	vennungen ungen unt ven ver						



of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/2022 Ending Date: 12/31/2022
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
MARTHA W. BREEN	
Candidate Full Name (if applicable)	Committee Name
LIBRARY TRUSTEE	
Office Sought and District	Name of Committee Treasurer
288 OLD LITTLETON RD.	O. C. W. M.T. A.H.
Residential Address	Committee Mailing Address E-mail:
E-mail: martygte @ gmail.com Phone # (optional): mb green 01451@ gmail.com	· · · · · · · · · · · · · · · · · · ·
V 0	
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
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, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to th activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the resulting of partition Martha N. Green	(Candidate's signature) Date: 1-25-2023



UI Massacriuscus	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 5/19	2/22 Ending Date: 12/31/22				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution				
Marisa Caruccio Khurana	Warner Free Trustees				
Candidate Full Name (if applicable)	Committee Name William Salter				
Office Sought and District	Name of Committee Treasurer				
110 Warren Ave, Harvard, Ma 01451	0 % 14 % 11				
Residential Address	Committee Mailing Address				
E-mail: marisakhurana@gmail.com	E-mail: warnerfreelecture @gmail.com				
Phone # (optional):	Phone # (optional):				
SUMMARY BALANC	CE INFORMATION:				
The state of the s					
Line 1: Ending Balance from previous report					
Line 2: Total receipts this period (page 3, line 11)) 0				
Line 3: Subtotal (line 1 plus line 2)	0				
Line 4: Total expenditures this period (page 5, lin	ne 14) 0				
Line 5: Ending Balance (line 3 minus line 4)	0				
Line 6: Total in-kind contributions this period (pa	age 6) 0				
Line 7: Total (all) outstanding liabilities (page 7)	0				
Line 8: Name of bank(s) used: n/a					
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. Singel under the penalties of periury: (Treasurer's signature) Date:					
Signed under the penalties of perjury:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)				
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 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 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	is candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: waisaull	(Candidate's signature) Date: 1/26/23				



	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 1/1/2	2022 Ending Date: 12/31/2022				
Type of Report: (Check one)					
	☐ 30 day after election ☑ year-end report ☐ dissolution				
8th day preceding preliminary 8th day preceding election	30 day after election				
Charles Oliver	None				
Candidate Full Name (if applicable)	Committee Name				
Town of Harvard Select Board	Name of Committee Treasurer				
Office Sought and District	Name of Committee Treasurer				
14 Simon Atherton Row, Harvard, MA 01451 Residential Address	Committee Mailing Address				
E-mail: coliver6285@gmail.com	E-mail:				
	Phone # (optional):				
Phone # (optional):	, Joseph (Optionar)				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	0				
Line 2: Total receipts this period (page 3, line 11)	0				
Line 3: Subtotal (line 1 plus line 2)	0				
Line 4: Total expenditures this period (page 5, lin	ne 14) 0				
Line 5: Ending Balance (line 3 minus line 4)	0				
Line 6: Total in-kind contributions this period (pa	age 6) 0				
Line 7: Total (all) outstanding liabilities (page 7)	0				
Line 8: Name of bank(s) used: None					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Treasurer's signature) Date:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acting incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 finance activity, including contributions, loans, excepts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/18/2023				



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01/	01/2022 Ending Date: 12/31/2022
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Caryl G Browse Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
Library Trustee	
Residential Address	Committee Mailing Address
E-mail: cbrowse01451@gmail.com	E-mail:
Phone # (optional):	Phone # (optional):
CIMMADV PATAN	CE INFORMATION:
	CE INFORMATION.
Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11	0.00
Line 3: Subtotal (line 1 plus line 2)	0.00
Line 4: Total expenditures this period (page 5, line	ne 14) 0.00
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period (p	page 6) 0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to th activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period that are not otherwise disclosed in this report.
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the
1 Stown	Date: 01/18/2023

(Candidate's signature)



of Massachusetts File with: City or Town Clerk or Election Commiss
Fill in Reporting Period dates: Beginning Date: 11/22 Ending Date: 12/31/22
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
Mary Abigail Coolidge Candidate Full Name (if applicable) Library Trustee Office Sought and District 206 Bolfon Rd Harvard MA 0145 Residential Address E-mail: gcoolidge 01451 Dgmailo COM Phone # (optional): HPL Trustees Committee Name Mary Abagail Coolidge HPL Trustees Committee Name Mary Abagail Coolidge HPL Trustees Committee Name Mary Abagail Coolidge HPL Trustees E-mail: gcoolidge 01451 Dgmailo Com HPL Trustees Committee Name Mary Abagail Coolidge HPL Trustees E-mail: gcoolidge 01451 Dgmailo Com 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:
ffidavit of Committee Treasurer: 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 stivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign nance 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. Igned under the penalties of perjury: OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee 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 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 behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Date: 1/19/23



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

					32
School Committee	19 Westcott ed,	annun	1 C. Besse	Abiga	1/20/23
OFFICE SOUGHT	RESIDENTIAL ADDRESS (Street and Number)	SIGNATURE Signed under the penalties of perjury	PRINT NAME	PRINT	DATE
do not have a campaign fund in existence.	uant to M.G.L. Chapter 55: Lactify that I am a candidate for or currently hold Municipal Office. I. I certify that I am a candidate for or currently hold Municipal Office. I. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. J. I certify that I do not have a political committee.	nicipal Office. de any expenditures, or incurred any ob	I LI certify that I am a candidate for or currently hold Municipal Office. I. I certify that I am a candidate for or currently hold Municipal Office. I. I certify that I have not received any contributions, made any expend. I certify that I do not have a political committee.	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently ho 2. I certify that I have not received any contribution 3. I certify that I do not have a political committee.	Pursuant to IV. G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not r 3. I certify that I do not hav
20th day of January (Year-End report)	30th day following election (town or special)	☐ 8th day preceding election ☐ 30th day follo		8th day preceding preliminary/primary	☐ 8th day prece
				Check One)	Type of Report: (Check One)
MM/DD/YYYY)	Ending: 12/3/	(MM/DDXXXX)	g: 01/01	d: Beginning:	Reporting Period:
Please print or type all information, except signatures.	.² Pleas	7	MIMI	Howa	City or Town of:



Office of Campaign and Political Finance

Reporting Period:	Beginning: 01/01/2022		Ending:	Ending: 12/31/2022	
		(MM/DD/YYYY)			MM/DD/YYYY)

☐ 8th day preceding election

30th day following election (town or special)

20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

☐ 8th day preceding preliminary/primary

- 1. I certify that I am a candidate for or currently hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

7

						25/2023	DATE
						Sharlene Cronin	PRINT NAME
							SIGNATURE Signed under the penalties of perjury
						220 Bolton Rd	RESIDENTIAL ADDRESS (Street and Number)
						School Committee	OFFICE SOUGHT



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

01/01/2022	Ending: 12	/31/22	
(AAAAAAAAWW)		()	(MM/DD/YYYY)
ary Buh day preceding election	30th day following election (town or		∑0th day of January (Year-End report)
	Reporting Period: Beginning: 01/01/2022 (MM/DD/YYYY) Type of Report: (Check One) Sth day preceding preliminary/primary But day preceding preliminary/primary But day preceding election		Ending: 12/31/22

					01/18/2023	DATE
					SusanMary Redinger	PRINT NAME
					SUDDOM PROJECTIONS	SIGNATURE Signed under the penalties of perjury
					121 Ayer Rd	RESIDENTIAL ADDRESS (Street and Number)
				. S.	School Committee	OFFICE SOUGHT



City or Town of:

Harvard, MA

Form CPF M 102-0: Campaign Finance Report Municipal Form

						01/26/2023 Donald Ludwig	3. I certify that I do not have a political committee. DATE DATE DATE	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or		Type of Report: (Check One)	Reporting Period: Beginning: 1/20/2022
	The state of the s				23 E. Bare Hill Rd	Signed under the penalties of perjury (Street and Number)	3. I certify that I do not have a political committee. DATE PRINT: 1.1. CIGARA TERM.	☐ 8th day preceding election ☐ 30th day following election (town or special)		(MM/DD/YYYY) Ending: 1/20/2023	
				m	Select Board	SS OFFICE SOUGHT	nd, and do not have a campaign fund in existence.	⊠ 20th day of January (Year-End report)	(AAAAAAQQAWW)		Please print or type all information, except signature



Fill in Report	ing Period da	tes: Beginning Date:	File with: City or Town Clerk or Election Communication Date: 1/20/2023
Type of Repo	et. (Charles		

8th day prece	eding prelimina	y 8th day preceding ele	ection 30 day after election year-end report dissolution
Donald Ludwig		VI. SAME	
Select Board		Name (fapplicable)	Committee Name
72 C D-44 100 B		ught and District	Name of Committee Treasurer
23 E, Bare Hill R	The state of the s		
21		ntial Address	Committee Mailing Address
-mail:	del01	451@gmail.com	E-mail:
hone # (optional);	-	978-430-6315	Phone # (optional):
		SUMMARY BAI	LANCE INFORMATION:
Li	ne 1: Ending	Balance from previous repo	prt. Q
Li	ne 2: Total re	eccipts this period (page 3, lin	ne 11)
1	1	(line 1 plus line 2)	0
1	1	penditures this period (page	
(A-1)	104 0 100	Balance (line 3 minus line 4)	
		kind contributions this perio	
1		l) outstanding liabilities (pag bank(s) used: None	ge 7) a
	- Di Tidillo Ol	ounk(s) used: wone	5-32-42.
ed under the penalti	ned this report incl tributions, loans, re ons acting under the es of perjury:	e authority or on behalf of this commit	he best of my knowledge and belief, a true and complete statement of all campaign finance -kind contributions and liabilities for this reporting period and represents the campaign ttee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
CANDIDATE	FILINGS ON	LY: Affidavit of Candidate: (check	(1 hay apply)
Candidate with Concertify that I have excivity, of all persons neutred any liabilities	omittee samined this report sadting under the a snor made any exp	including attached schedules and it is,	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period that are not otherwise disclosed in this report.
andidate without C	ommittee amined this report	including attached schedules and it is, t	and the report.
nance activity, inclu impaign finance acti	vity of all persons a	acting under the authority or on behalf of	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.



Municipal Form
Office of Campaign and Political Finance

								1/30/23 Suzanne Allen	DATE PRINT	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.	3th day preceding preliminary/primary	Type of Report: (Check One)		Reporting Period: Beginning	City or Town of: Harvard
								2	PRINT NAME	for or currently hold Muni d any contributions, made ditical committee.				Beginning: 01/01/2022	
							SCHALLE T TIVATI	Suzanne Allen	SIGNATURE Signed under the penalties of perjury	cipal Office. e any expenditures, or incu	8th day preceding election 30		(MM/DD/YYYY)		
							177 110	1701:4:		ırred any obligations dur	30th day following election (town or special)			Ending:	
							17) Eitheion Na Haivald, IVIA	loton Dd Uramond MA	RESIDENTIAL ADDRESS (Street and Number)	ring this reporting period, a			١.	ing: 12/31/2022	,
							School communes	School annuithe	OFFICE SOUGHT	and do not have a campaign	20th day of January (Year-End report)		(MM/DD/YYYY)		a romo press or type an edgo manors, except segman es.
									OUGHT	fund in existence.	ar-End report)				son, except assumer co.



Form CPF M 102: Campaign Finance Report Office of Campaign and Political Finance

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

CPF ID# 17710

Reporting Period: Beginning: 1/1/2022 Ending: 12/31/2022

Type of Report: 2022 Year-end Report

McBee, Erin

Full Name of Candidate

Municipal, Local Filer

Office Sought/ District

221 Littleton Road Harvard, MA 01451

Residential Address

McBee Committee

Committee Name

Lisa Mangus

Name of Committee Treasurer

12 Bradley Circle Devens, MA 01434

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$930.80
Total receipts this period:	\$27.00
Subtotal:	\$957.80
Total expenditures this period:	\$683.36
Ending Balance:	\$274.44
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	

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, inkind 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:

· MACILIA

2 1 2

Treasurer's signature (in ink)

Date

Affidavit of Candidate (check 1 box only) :

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and 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 and 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, disbursements,

inkind 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:

Date

Candidate's signature (in ink)

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.

Date	Name and Residential Address	Amount	Occupation and Employer
2/23/2022	General Deposit to Repay Paypal Debit Error from 2.14.2022	\$27.00	
	MA		
	Total Itemized Receipts:	\$27.00	
	Total Unitemized Receipts:	\$0.00	
	Total Receipts:	\$27.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address		Amount Purpose
1/27/2022 McBee, Erin		\$556.36
221 Littleton Road		
Harvard, MA 01451		
12/31/2022 N/A		\$100.00 One Time Balance Adjustment Per Cpf - Unable To Locate \$100 Deposit
MA		
2/14/2022 Paypal		\$27.00 Paypal Debit - Error - Will Be Repaid
MA		
	Total Itemized Expenditures:	\$683.36
	Total Unitemized Expenditures:	\$0.00
	Total Expenditures:	\$683.36

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Reduction	Loan Amount Purpose
12/31/2021	McBee, Erin		\$556.36
	221 Littleton Road		
	Harvard, MA 01451		
1/27/2022	McBee, Erin	(\$556.36)	
	221 Littleton Road		
	Harvard, MA 01451		
	Outstanding Liabilities:		<u>\$0.00</u>