

# Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED

Office of Campaign and Political Finance

DEC 2 7 2023

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 12/21/23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable)  Office Sought and District	Mary Ann Swistak  Name of Committee Treasurer  Name of Committee Treasurer  Name of Committee Treasurer
Residential Address	PO BOX 428 HArdwick, MA.
E-mail:	E-mail: UNitedNArd Wilke qmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	3.27
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	3.27
Line 4: Total expenditures this period (page 5, line	14) 3.27
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co finance activity of all persons acting under the authority or on behalf of this dominittee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in according any liabilities nor made any expenditures on my behalf during this reporting p	ontributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 12/21/23  onty)  Dest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this or	best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	(Candidate's signature) Date:

\_(Candidate's signature)

#### **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)
			RECEIVED
			DEC 2 7 2023
			TOWN CLERK
Line 9: Total Rece	ipts over \$50 (or listed above)		Stu
	eipts \$50 and under* (not listed above)		
	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)
			RECEIVED
			DEC 2.7.287.3
			TOWN CLERK
Line 9: Total Recei	ipts over \$50 (or listed above)		
	sipts \$50 and under* (not listed above)		
Line 11: TOTAL I	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 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.)						
Date Paid	To Whom Paid (alphabetical listing)	Address				
12/31/22	County BANK	VINAL ALASINS	BANK Statement Fee	3.00		
12/21/23	TOWN OF HARdwich	301 MAINST.  DO BOX 515  Chibertuile, MA.	Donation to HAVduick your.	. 27		
		U ()(US)				
			RECERCES			
			DEC 2 7 202.4			
			TOWN CLERK			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	3.27		
		Line 13: Total Expenditures \$50	and under* (not listed above)			
***			Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD  * If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized.			

<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. Page 4

# **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		411		
		10		
			D20-	
			KECEIVED	
	22.		DEC 27 2023	
			TOWN CLERK	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
16		r, include them in line 12. Line 13 s		

<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
i				
		1		
			RECEIVED	
			DEC 27 2025	
			TOWN CLERK	
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<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
			RECEIVED	
			DEC 2 7 2023	
			TOWN CLERK	
				V
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

Ware, MA 01082 413.967.6221 or 800.322.8233 www.countrybank.com

Committee for a United Hardwick

Framingham, MA 01703-2311

PO Box 2311

Page: 1 of 2

Account: 600000348323

**CLOSING STATEMENT** 

Date: Feb 28, 2023

Period: Feb 01, 2023 to Feb 07, 2023

(7 Days ) Enclosures: 1

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DEC 27 2023

TOWN CLERK

Monitor your account daily to avoid overdraft fees & unexpected transactions. Visit www.countrybank.com today to view your account information through our online banking portal or access your account from your mobile device by downloading our app!

#### **Your Account(s) at a Glance**

Deposit Account(s)

Account #

Interest Earned YTD Balance as of 02/07

Community Business C CK-600000348323

0.00

# ACCOUNT #: CK - 600000348323 Community Business Checking

Committee for a United Hardwick

Enclosures: 1

### **Account Summary**

Beginning Balance	
as of 02/01/23	250.27
Deposits & Other Credits	0.00
Charges & Fees	0.00
Checks & Other Debits	250.27
Average Balance	83.60
Ending Balance	
as of 02/07/23	0.00

#### **Deposits and Withdrawals Transaction Information**

Transaction Description	Debit/Credit Amount	Balance
Check	250.00-	0.27
Closing Withdrawal/Redempti	on 0.27-	0.00
	Check	Check 250.00-

#### **Checks Cleared**

Date	Number	Amount	Date	Number	Amount
02/03	102	250.00			
		* = Break in the c	heck number order.		

# RECEIVED DEC 27 2023 TOWN CLERK



For Business. For Living. For You.

75 Main Street, Ware, MA 01082-1350

Please keep this receipt for your records.

02/07/2023 09:36 AM

#### Closing Withdrawal/ Red

Acct# CK 💂

\*\*\*\*\*\*\*8323 \$0.27

Tran Amt Penalty:

\$0.00

8

Br# 32 West Street Office Dr#

116

Seq#

Donation to the Yourn of Hardwick Yourn Center.



Please supply me with a receipt.
Thank you.

40 Given

RECE RECEIVED FROM	IPT DATE 27 De 2023 No. 784483  Committee for A United Hardwick \$ 0.27  24/100 DOLLAR
OFOR RENT	tion to Hardwick Youth Center
ACCOUNT	(CASH
PAYMENT	O CHECK FROM TO
BAL, DUE	ORDER OCREDIT A A WARDS 3