



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

City or Town of: _____

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Ending	Month	Day	Year
Reporting Period Beginning	_____			_____	_____		

Type of Report: (Check One)

<input type="checkbox"/> 8th day preceding preliminary/primary	<input type="checkbox"/> 8th day preceding election	<input type="checkbox"/> 30th day following election (Town or Special)	<input type="checkbox"/> 20th day of January (Year-End Report)
--	---	--	--

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or 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.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT

