

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Report Due: October 25, 2021

ing Period dates: Beginning Date: Jan. 1, 2021 Ending Date: of Massachusetts File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: 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)

Board of Commissioner, AHA

Office Sought and District

168 High St

Residential Address

E-mail: amirody & yahoo.com

Phone # (optional): 413-687-5675 Committee Name Name of Committee Treasurer Committee Mailing Address 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: 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. Date: 10.25-21 Signed under the penalties of perjury: ____ (Treasurer's signature) 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 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 Tinance 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: 10.25-21 any (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 (alphabetical listing required) Amount (for contributions of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or more) Image: Contribution of \$200 or mo | | lease include your committee name and a pa Name and Residential Address | Occupation & Employer | |
|--|--|--|-----------------------|--------------------------------------|
| ince 9: Total Receipts over \$50 (or listed above) Jime 10: Total Receipts \$50 and under* (not listed above) | Date Received | | Amount | (for contributions of \$200 or more) |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | A statement of the stat | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | *************************************** | - | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | *************************************** | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | - | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | L. Carrier and Car | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | The second secon | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | - I - Out along | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | and we | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | [] | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | | |
| | ine 9: Total Recei | pts over \$50 (or listed above) | | |
| ine 11: TOTAL RECEIPTS IN THE PERIOD | Line 10: Total Rece | ipts \$50 and under* (not listed above) | | |
| And it i to ital i the court it is i | | RECEIPTS IN THE PERIOD | | ← 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.

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------------|--|--|--|
| | (aspinostoni astang requires) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | The state of the s | |
| | | | |
| | | 1 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Control of the contro | |
| | | | |
| | | | |
| Line 9: Total Recei | pts over \$50 (or listed above) | | |
| Line 10: Total Rece | ipts \$50 and under* (not listed above) | | |
| Line 11: TOTAL F | RECEIPTS IN THE PERIOD | | ← Enter on page 1, line 2 |
| + 70 1 | 0.000 | 0 T: 10 I | |

^{*} 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.)

| - choir mit exheite | itures. Please include your comm To Whom Paid | The state of the state of | r-s/ | |
|---|--|---------------------------------|--|--|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| | | | |] |
| | | | A Laboratoria de la Carta de l | |
| | | | | |
| | | | | |
| 1 | | | | |
| | | | | ļ |
| | | | | |
| | | | 1 | |
| | | | | |
| | | | | |
| 1 | | | | İ |
| | | | | |
| | | | | |
| a service and a | | | | |
| *************************************** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
|] | | | | |
| | | | | |
| | | | 1 | |
|] | | | | |
| <u></u> | | | | |
| | | | | |
| | | | | |
| <u>L</u> | | | | henry temps and the second sec |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| | I | Line 12: Total Expenditures or | ver \$50 (or listed above) | |
| | | | | |
| | | Line 13: Total Expenditures \$5 | 0 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 above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

| <u> </u> | To Whom Paid | | | | | |
|--|---------------------------|--|---------------------------|--------|--|--|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - I - I - I - I - I - I - I - I - I - I | | | | | | |
| | | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - THIS CONTROL OF THE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 | | | | | | |
| | | | | | | |
| | | | | | | |
| 1100 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | Parameter and the second and the sec | | | | |
| | | Line 12: Expenditures over \$50 | (or listed above) | | | |
| | | | 11 | | | |
| | | Line 13: Expenditures \$50 and | under* (not listed above) | | | |
| | Enter on page 1. line 4 → | Line 14: TOTAL EXPENDIT | URES IN THE PERIOD | | | |
| 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 | | | | | | |

^{*} 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 | |
|--|---|--|---|-------|--|
| 1777 | | | | | |
| | | | 300000000000000000000000000000000000000 | | |
| | | | | | |
| and the same of th | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - And Andrews Comment | Line 15: In-Kind Contributions over \$50 (or listed above) | | | |
| | | Line 16: In-Kind Contributions \$50 & under (not listed above) | | | |
| | Enter on page 1, line 6 → | e 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | |

^{*} 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.

Page 6

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 |
|---------------|-------------|--|---------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| £ | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| | | Bernard Bernar | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | L.,,,,, | | |
| | | | | |
| | | | | -vinera- |
| | | | | |
| | | | | |
| | | | | |
| | | Reading Print | 1 | |

Page 7

| | | | 3 |
|--|--|---|---|
| | | | |
| | | | |
| | | | |
| | | , | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |