Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance	
Commonwealth of Massachusetts	
File with: City or Town Clerk or Election Comm Fill in Reporting Period dates: Beginning Date: 01/01/2024 Ending Date: 12/31/2024	11551011
Type of Report: (Check one) Image: Sth day preceding preliminary Image: Sth day preceding preceding p	1
Catherine Marie Bilotta	
Candidate Full Name (if applicable) Committee Name Select Board - Manchester-by-the-Sea	
Office Sought and District Name of Committee Treasurer	
Residential Address Committee Mailing Address	
E-mail: bilottc.home@gmail.com	
Phone #: 978-526-4264 Phone # :	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 12)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 15)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	
Line 9: 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. Signed under the penalties of perjury:	
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 fi 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 contributi 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.	
Signed under the penalties of perjury: (Candidate's signature) Date:)

M102 (12/2023)

Form CPF M 102: Campaign Finance Report TOWN CLERK Municipal Form MANCHESTER by the SEA Office of Campaign and Political Finance 2025 JAN 13 PM 12: 00				
of Massachusetts File with: City or Town Clerk or Election Comm Fill in Reporting Period dates: Beginning Date: July 1, 2024 Ending Date: DLC 31 2024	ISSION			
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) Ranning Board Committee Name				
Office Sought and District Name of Committee Treasurer				
37 Proctor St. Manchester Residential Address Committee Mailing Address				
E-mail: <u>Shcreightm @ comcast.net</u> E-mail:				
Phone #: 978 - 0590 - 2207 Phone #:				
SUMMARY BALANCE INFORMATION:				
Line 1: Ending Balance from previous report				
Line 2: Total receipts this period (page 3, line 12)				
Line 3: Subtotal (line 1 plus line 2)				
Line 4: Total expenditures this period (page 5, line 15)				
Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this period (page 6, line 18)				
Line 7: Total (all) outstanding liabilities (page 7, line 19)				
Line 8: Total out-of-pocket expenses this period (page 8, line 22)				
Line 9: 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. Signed under the penalties of perjury: Image: Imag				
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 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 contribution incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.	finance itions,			
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: //g/a5				
Signed under the penalties of perjury: AAAAK HaMMILA (e. V. (Candidate's signature)				



Form CPF M 102-0: Campaign Finance Report

Municipal Form	1
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Office of Campaign and Political Finance

32%

Please print or type all information, except signatures.

City or Town of:	Manchester-by-the-Sea				
Reporting Perio	d: Beginning: 06/11/2024	(MM/DD/YYYY)	Ending: <u>12/31/2024</u>	(MM/DD/YYYY)	
		(11			
Гуре of Report: (2011 June (Mary Frederingert)	
8th day prece	ding preliminary/primary 🗌 8th day p	receding election 30th day follow	ing election (town or special)	20th day of January (Year-End report)	
 I certify th I certify th 	 ¹ ursuant 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	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT	
01/06/2024	Sarah Davis	Sarah Davis	11 Highland Avenue	Library Board of Trustees	
		Str A-			
·					

Commonwealth of Massachusetts		Form CPF M 102-0: Can Municipa Office of Campaign ar	l Form ad Political Finance	ANCHESTER by the SEA
City or Town of:	Manchester	× .	Pleas	e print or type all information, except signatures.
Reporting Period	: Beginning: 6/11/24	(MM/DD/YYYY)	Ending: 12/31/24	(MM/DD/YYYY)
Type of Report: (C				1041 days of January (Maan End remark)
		preceding election 30th day follow	ing election (town or special)	Oth day of January (Year-End report)
2. I certify that	t I am a candidate for or currently hold M	hade any expenditures, or incurred any oblight		lo not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/13/25	Jeffrey M Delaney	MMMM	10 Ancient county why	Select Board
			-	
	· · · · · · · · · · · · · · · · · · ·			

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Mun Office of Cam	nicipal Form TOWN CLERK mpaign and Political Finance MANCHESTER by the SEA
Commonwealth f Massachusetts	2025 JAN 14 AM 10: 15 File with: City or Town Clerk or Election Comm
Fill in Reporting Period dates: Beginning Date: 12/3	31/2023 Ending Date: 12/31/2024
 □ 8th day preceding preliminary □ 8th day preceding election 	☐ 30 day after election
Susan Hanson-Philbrick	Committee to Elect Susan Hanson-Philbrick
Candidate Full Name (if applicable)	Committee Name Samuel Philbrick
Planning Board/Manchester-by-the-Sea	Name of Committee Treasurer 17 Loading Place Road, Manchester, MA 01944
17 Loading Place Road, Manchester, MA 01944 Residential Address	Committee Mailing Address
E-mail: samuel.philbrick@gmail.com	E-mail: samuel.philbrick@gmail.com
Phone #: 617-680-8014	- Phone # : 617-680-8014
SUMMARY BALANO	CE INFORMATION:
 Methodski statu st. 5 	
Line 1: Ending Balance from previous report	\$959.96
Line 2: Total receipts this period (page 3, line 12)	\$2.40
Line 3: Subtotal (line 1 plus line 2)	\$962.36
Line 4: Total expenditures this period (page 5, line 15	5) \$0
Line 5: Ending Balance (line 3 minus line 4)	\$962.36
Line 6: Total in-kind contributions this period (page 6	6, line 18) \$0
Line 7: Total (all) outstanding liabilities (page 7, line	e 19) \$0
Line 8: Total out-of-pocket expenses this period (page	ge 8, line 22) \$0
Line 9: Name of bank(s) used: Cape Ann Sav	ivings Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the ba activity, including all contributions, loans, receipts, expenditures disburgements, in-kin finance activity of all persons acting under the authority or or behalf of this committee Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign finan and contributions and liabilities for this reporting period and represents the campaign e in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 01-09-2025

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, P 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.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 01-09-2025

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
][[]	
			[
Line 10: Total Red	ceipts over \$50 (or listed above)	\$0	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Red	ceipts \$50 and under (not listed above)	\$2.40	
Line 12: TOTAL	RECEIPTS IN THE PERIOD	\$2.40	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

	To Whom Paid		During of Fringe diture	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
]	
11	111			- 1

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
[]				
	1 [
] []			
] []	[
				L
* If you ha	ve itemized expenditures of \$50 include them in line 13. Line 14	Line 13: Expenditures over \$5	0 (or listed above)	\$0
should incl	ude only those expenditures not itemized above.	Line 14: Expenditures \$50 and	l under (not listed above)	\$0
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDI	TURES IN THE PERIOD	\$0

SCHEDULE B: EXPENDITURES (continued)

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		[]		
		[]		
				<u>ሰ</u>
* If you have \$50 and unde	e itemized in-kind contributions of r, include them in line 16. Line 17	Line 16: In-Kind Contributions ov	ver \$50 (or listed above)	\$0
should inc.	lude only those expenditures not	Line 17: In-Kind Contributions \$5	50 and under (not listed above)	\$0
	itemized above.		TDIDUTIONS IN THE BEBIOD	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CON	I RIDULIONS IN THE PERIOD	\$0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
]			
][][<u>] [</u>] [
L	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAN	DING LIABILITIES (ALL)	\$0

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
			`
]	
		[]	
			[]
][]		
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50			* If you have out-of-pocket expenses of \$50
(or listed above)	mized Out-Of-Pocket Expenditures \$50 and	\$0	and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abo		\$0	itemized above.
Line 22: TOTAL OUT	-OF-POCKET EXPENDITURES IN THE PERIOD	← Enter on page 1, line 8	

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Commonwealth

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jan	1, 2024 Ending Date: Dec 31, 2024
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	□ 30 day after election
Ann W. Harrison	
Candidate Full Name (if applicable) Select Board	Committee Name
Office Sought and District 13 Tuck's Point Road, Manchester, MA	Name of Committee Treasurer
Residential Address E-mail harrisona@manchester.ma.us	Committee Mailing Address E-mail:
Phone 978 491 7051	Phone # :
SUMMARY BALANO	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 15	5) O
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6	, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0
Line 9: 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 be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority or on behalf of this committee i	d contributions and liabilities for this reporting period and represents the campaign n accordance with the requirements of M.G.L. c. 55.
Signed nuder the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 f	pox only)
Candidate with Committee 1 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 inclured any liabilities nor made any expenditures on my behalf during this reporting	he 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.
Candidate without Committee Leartify 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 onder the authority or on behalf of t	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: Jan 5, 2025

ommonwealth 'Massachusetts			M 102-0: Can Municipa ce of Campaign ar	l Form		MA	RECEIVED TOWN CLERK NCHESTER by the SEA 5 JAN dilinformation. except signature.
ity or Town of:	Town of Manchester-by-the-Sea, MA						0.07 min 10: 05
eporting Perio		(MM/DD/YYYY)		Ending:	12/31/2024	(MM/I	DD/YYYY)
ursuant to M.G.	cding preliminary/primary 28th day	preceding election	30th day follow	ring election (tov	vn or special)	🔀 20th d	ay of January (Year-End report)
1. I certify th 2. I certify th	hat I am a candidate for or currently hold N hat I have not received any contributions, r hat I do not have a political committee.	nade any expenditures	s, or incurred any obli		is reporting perio		t have a campaign fund in existence.
DATE	PRINT NAME		penalties of perjury		et and Number)		OFFICE SOUGHT
	Elizabeth A Heisey		i. Herséng	49 Pleasant S			anchester Housing Authority
]			

Commonwealth of Massachusetts		Form CPF M 102-0: Can Municipa Office of Campaign ar	d Political Finance 202	RECEIVED TOWN CLERK NCHESTER by the SEA 15 JAN 14 PH 3: 32 Please print or type all information, except signati
City or Town of:	MANCHESTER BY THE SEA			
Reporting Perio	d: Beginning: 01/01/2024	(MM/DD/YYYY)	Ending: <u>12/31/2024</u>	(MM/DD/YYYY)
	ding preliminary/primary 🗌 8th day p	receding election 30th day follow	ing election (town or special)	🔀 20th day of January (Year-End report)
2. I certify th	at I am a candidate for or currently hold M	ade any expenditures, or incurred any oblig		and do not have a campaign fund in existence
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
01/15/2025	KEVIN J. LEACH	Kevin Seach	31 SUMMER ST	CURRENT CONSTABLE
			[
				[
			~	



Commonwealth

of Massachusetts

Form CPF M109: Statement of Municipal Candidate TOWN CLERK Not Raising or Expending Campaign FundsTER by the SEA

Office of Campaign and Political Finance JAN 15 AM 8: 52

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	KEVIN J. LEACH
Office Sought:	CONSTABLE
Residential Address:	33 SUMMER STREET
	MANCHESTER BY THE SEA, MA 01944-0324
City / State / Zip:	kileach@juno.com 978-526-1609 Land Line w/ answer machine
E-Mail Address:	KJIEach@Julio.com Phone Number: 978-526-1609 Land Line w/ answer machine

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1.	Ending balance from previous report	ZERO
2.	Total receipts for reporting period	ZERO
3.	Subtotal	ZERO
4.	Total Expenditures for reporting period	ZERO
5.	Ending balance	ZERO

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature:

Date: JAN 15, 2025

Form CPF M 102-0: Campaign Finance Report

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TATA	LTT.	νp	ui		onn

Office of Campaign and Political Finance

City or Town of:	Manchester-by-the-Sea	-	1	tease print or type att information, except signatures.
Reporting Peric	d: Beginning: 6/11/2024		Ending: 12/31/2024	
		(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report: (Check One)			
8th day prece	ding preliminary/primary 🗌 8th day	preceding election 30th day follow	ving election (town or special)	20th day of January (Year-End report)
2. I certify th	at I am a candidate for or currently hold	made any expenditures, or incurred any obl		and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/17/2025	Richard Rogers	Can	82 Old Essex Rd	Library Trustee



Please print or type all information, except signatures.

Preceived Tas Clerk's Office 1/17/25

Commonwealth
of Massachusetts

Form CPF M 102-0: Campaign Finance Report

Municipal Form

TOWN CLERK MANCHESTER by the SEA

Office of Campaign and Political Finance

Please print or type all information except signatures.

City or Town of	Manchester by the Sea			
Reporting Perio	od: Beginning: 01/01/2024	(MM/DD/YYYY)	Ending: <u>12/31/2024</u>	(MM/DD/YYYY)
Type of Report:		preceding election 30th day follow	ving election (town or special)	🔀 20th day of January (Year-End report)
Pursuant to M.G 1. I certify th 2. I certify th	L. Chapter 55:	Municipal Office. made any expenditures, or incurred any obli		, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed-under the penalties of perjury	RESIDENTIAL ADDRES (Street and Number)	S OFFICE SOUGHT
01/08/2025	John Round		3 Greenbrier Road	Select Board Member

Nuni	Campaign Finance Report FOWN CLERK Cipal Form MANCHESTER by the SEA
Commonwealth of Massachusetts	2025 JAN - 8 PH 4: 19
Fill in Reporting Period dates: Beginning Date: 1/1/202	File with: City or Town Clerk or Election Commission 4 Ending Date: Dec 31, 2024
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election] 30 day after election 🔀 year-end report 🗌 dissolution
Brian Sollosy Candidate Full Name (if applicable)	Committee Name
Selectman Office Sought and District 11 Central Street, Manchester, MA 01944	Name of Committee Treasurer
E-mail: brian.sollosy@comcast.net	Committee Mailing Address E-mail:
Phone # (optional): (978) 525-8770	Phone # (optional):
SUMMARY BALANCE	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, line	14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	
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 best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind con finance activity of all persons acting under the authority or on behalf of this committee in activity.	ntributions and liabilities for this reporting period and represents the campaign cordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in accom- incurred any liabilities nor made any expenditures on my behalf during this reporting per-	est of my knowledge and belief, a true and complete statement of all campaign finance rdance 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 be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on bahalf of this c Signed under the penalties of perjury:	n-kind contributions and liabilities for this reporting period and represents the

City or Town of: Manchester by the Sea, MA Reporting Period: Beginning: 01/01/2024 (MM/DD/YYYY)	Please print or type all information, except signatures. Ending: <u>12/31/2024</u> (MM/DD/YYYY)
Pursuant to M.G.L. Chapter 55:	th day following election (town or special)
3. I certify that I do not have a political committee. SIGNATURE DATE PRINT NAME	RESIDENTIAL ADDRESS
1/12/25 Erica Spencer With D	87 Pine Street current school comm. member

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

Municipal Form REC Commonwealth of Massachusetts Office of Campaign and Political Finance IOWN MANCHE STE Please print or type all information, except signatures.									
City or Town of:	Manchester-by-the-Sea			2025 1	N 13 PH 2:23				
Reporting Perio	bd: Beginning: 06/11/2024	(MM/DD/YYYY)	Ending: <u>12/31/2024</u>	MM/DD/YYYY)	10 111 2.20				
Type of Report:	(Check One)		· · · · · · · · · · · · · · · · · · ·]				
8th day prece	eding preliminary/primary 🗌 8th day p	preceding election 30th day follow	ving election (town or special) $\boxtimes 2$	0th 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	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT					
01/08/2024	Alan Wilson	Alar Wilson	5 Spy Rock Hill	Town Moderator					
] []					
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Commonwealth of Massachusetts		Form CPF M 102-0 Mur Office of Camp	CEIVED YN CLERK TER by the SEA		
City or Town of:	lanchester by t	he Sea		Please print or type a	II information, except signatures.
	zinning:	01/01/2024 (MM/DD/YYYY)	Ending:	12/31/2 (MM/DD/YYYY	024
Type of Report: (Check One) 8th day preceding prelimina	ary/primary 🗌 8th day p	receding election 🗌 30th da	y following election (town or special)) 🔽 20th day of Jar	uuary (Year-End report)
Pursuant to M.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 have	lidate for or currently hold M eccived any contributions, m	unicipal Office. ade any expenditures, or incurred	any obligations during this reporting p		ampaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of p	erjury (Street and Numb	er) (OFFICE SOUGHT
		<u>Shelthen Shood</u>	19 Brook St		singQuthority