Due On or Before May 13 2022

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
MAY 12 2022
Town Clerk's Office-Whitman

File with: City or Town Clerk or Election Commission
File No. _____

Fill in Reporting Period dates: Beginning Date: January 1, 2022 Ending Date: May 3, 2022

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Beth M. Stafford
Candidate Full Name (if applicable)

Whitman Hanson School Committee
Office Sought and District

21 Harvard St. Whitman, MA 02382
Residential Address

E-mail: nanastafford@msn.com

Phone # (optional): 617-921-1884

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	491.18
Line 3: Subtotal (line 1 plus line 2)	491.18
Line 4: Total expenditures this period (page 5, line 14)	491.18
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 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.

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 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.

Signed under the penalties of perjury: Beth M. Stafford (Candidate's signature) Date: 5/12/22

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)
3/28/22	Barrett Stafford 658 Temple St. Whitman	$100.-	Cash Electronics Engineer
3/28/22	Beth Stafford 21 Harvard St. Whitman	297.59	Retired
5/12/22	Beth Stafford 21 Harvard St. Whitman	93.59	Retired

Line 9: Total Receipts over $50 (or listed above)	491.18
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	491.18 ← 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)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL 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 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	Purpose of Expenditure	Amount
3/28/22	Harding Print	Whitman, Ma	Signs	$397.59
5/12/22	Home Depot	Crescent St Brockton, Ma	Wood for signs	93.59

Line 12: Total Expenditures over $50 (or listed above)	491.18
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	491.18

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

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 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.

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
		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 →		**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.

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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

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DAVID ROCHA@HOMEDEPOT.COM

2611 00001 76503 05/12/22 12:18 PM
SALE CASHIER CHEYENNE

773204565209 NOSING PI <A-
11/16 X1-3/4 PINE 8144 STILL 93.59
20.17@4.64
729928000496 30G LAWNBAGS <A-
PAPER LAWN BAGS-30GAL-5PK 5.34
2@2.67
042928116784 3/4 IN. ELEC <A,U> 4.49
3/4" ELECTRO GALV ROOFING-1#

SUBTOTAL	103.42
SALES TAX	6.46
TOTAL	$109.88
XXXXXXXXXXXX3313 DEBIT	USD$ 109.88

AUTH CODE 001893 Verified By PIN
Chip Read US Debit
AID A0000000042203

<U> - NON-DISCOUNTABLE ITEM

2611 05/12/22 12:18 PM

2611 01 76503 05/12/2022 0800

RETURN POLICY DEFINITIONS

	POLICY ID	DAYS	POLICY EXPIRES ON
A	1	90	08/10/2022

****
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A $5,000 HOME DEPOT GIFT CARD

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www.homedepot.com/survey

User ID: HXX 155906 153296
PASSWORD: 22262 153295

Entries must be completed within 14 days of purchase. Entrants must be 18 or older to enter. See complete rules on website. No purchase necessary.

Harry B. Harding & Son, Inc.

P.O. Box 293
Whitman, MA 02382

Invoice

DATE	INVOICE #
3/28/2022	63525

BILL TO	SHIP TO
Beth Stafford nanastafford@msn.com	

P.O. NO.	TERMS	REP	SHIP DATE	SHIP VIA
	Due on receipt	HBH	3/28/2022	Pick UP W...

DESCRIPTION	QTY	AMOUNT
Beth Stafford - Political Lawn Signs	25	346.50T
Lawn Stakes	25	25.00T
11x17 Color Hand Held Political Signs - Laminated	10	2.70T
Sales Tax		23.39

Total	$397.59
Payments/Credits	$0.00
Balance Due	$397.59

PLEASE REMIT PAYMENT TO:
P.O. Box 293
Whitman, MA 02382
(781)447-3941 phone
(781)447-1671 fax

Emailed
3/28