

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report CEIVED Municipal Form

Office of Campaign and Political Finance

MAY - 3 2021

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Commonwe of Massachus	ealth			181	E	A.M.		TOWN
Fill in Ro	eporting Period dates: Beginning Date:	3/6	14/21	Ending Da		1/30/	2/	n-Commission
Type of	Report: (Check one)							
	by preceding preliminary 8th day preceding election	n Z	30 day after el	lection	year-en	d report	☐ dies	olution
	y processing promissing of our day processing ordered							
/	Kathleew Schontman, Candidate Full Name (if applicable)	N	Coma	11te	Committee N	Elec 1	- Sc	HILLER huntman
	School Committee		Rober	T 50	hort	MAN	IN	
D 41	Office Sought and District		Committee for Elect Schutmann Committee Name Robert Schortmann Name of Committee Treasurer					
277	Residential Address Krytim @ aol, com		- 211	Committee Mailing Address				
E-mail:	KAUTIMO QUL, COM		E-mail: bob O Schor TMANN (NS, COM					s. com
Phone # (opt			Phone # (optional):		7207-7			, _
				A				
	SUMMARY BALA	NCE	INFORMA	TION:				
	Line 1: Ending Balance from previous report		3	5.6	4		7	
	Line 2: Total receipts this period (page 3, line	11)		0,00				
	Line 3: Subtotal (line 1 plus line 2)		13	35.6	4			
	Line 4: Total expenditures this period (page 5,	, line	14)	31.00	d			
	Line 5: Ending Balance (line 3 minus line 4)			4,64]	
O.	Line 6: Total in-kind contributions this period	(page	e 6)	0				
	Line 7: Total (all) outstanding liabilities (page	: 7)		2)			_	
	Line 8: Name of bank(s) used: \(\int \(\(\text{\(\text{\\ \etitx{\\ \etit\\ \etitx{\\ \etitx\\\ \etitx\\\ \etitx\\ \etitx\\ \etitx\\ \etitility\\ \etitx\\	f A M	n 5A	UINg.	5			
	Committee Treasurer:							
activity, inclu	I have examined this report including attached schedules and it is, to the uding all contributions, loans, receipts, expenditures, disbursements, in-k ity of all persons acting under the authority or on behalf of this compitte	kind con	ntributions and liabil	lities for this re	eporting period	atement of al and represen	I campaign ts the camp	n finance paign
Signed under	er the penalties of perjury: (Sabul U-Sco	hon	Inner	(Treasurer's sig	gnature)	Date: 4	1/30	1/21
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box o	only)			-		
1 certify activity,	ate with Committee that I have examined this report including attached schedules and it is, to of all persons acting under the authority or on behalf of this committee is any liabilities nor made any expenditures on my behalf during this repo	in accor	rdance with the requi	irements of M	.G.L. c. 55. I l	nave not recei		
Candida I certify finance a	ate without Committee that I have examined this report including attached schedules and it is, to activity, including contributions, loans, receipts, expenditures, disbursen in finance activity of all persons acting under the authority or on behalf of	to the be	est of my knowledge n-kind contributions	e and belief, a t and liabilities	true and compl	ete statement	d represents	paign s the

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.)

	Name and Residential Address		Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
3/30/21	KATHLEEN 271 SchontMANN WALNUTS	./00			
ine 9: Total Recei	pts over \$50 (or listed above)	1			
ine 10: Total Rece	pts \$50 and under* (not listed above)				
	ECEIPTS IN THE PERIOD	100	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 (continued)

Doto Poid	To Whom Paid Date Paid (alphabetical listing) Address Purpose of Expenditure					
Date Faid			Purpose of Expenditure	Amount		
3/31/21	DeDHAM TIMES	WASHING-for St.	AD Weat 150 men	120 xu		
/////	Times	L v l		100		
.//	Kath Lear 277 Schontman white	277 WALNOT	Poli	, con		
4/1/21	Schontman ""	5	Postace	11		
		PROFESSIONAL CONTRACTOR CONTRACTO				
			- Control of the Cont			
Line 12: Expenditures over \$50 (or listed above)						
Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under* (not listed above)						
Enter on page 1, line 4 \rightarrow 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.