

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2021 APR - 1 PM 12: 32

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1/202	21 Ending Date: 3/23/2021 F 1 1 2
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Kathleen L. Schortmann Candidate Full Name (if applicable) School Committee Office Sought and District 277 WALNUT ST. Residential Address E-mail: KayTim O Auc. Com Phone # (optional):	Committee to Elect Committee Name Robert A. Schortmann Name of Committee Treasurer 277 WALNUT ST Committee Mailing Address E-mail: bob 6 3 Chortmann (NS, Com Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	· O
Line 2: Total receipts this period (page 3, line 11)	700.00
Line 3: Subtotal (line 1 plus line 2)	700.00
Line 4: Total expenditures this period (page 5, line	664.06
Line 5: Ending Balance (line 3 minus line 4)	35,94
Line 6: Total in-kind contributions this period (pag	ge 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: DeDHA	m SAUINGS
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 of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. Onto the comparison of M.G.L. c. 55. Date: " Onto the campaign of M.G.L. c. 55. Date: " Onto the campaign of M.G.L. c. 55.
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the lactivity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting parts.	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: # Albeen Schort	Non (Candidate's signature) Date: 4/1/21

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)
3/2/21	Robert Schormann 277 WALNUT ST	600-	Retires
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)	100-	
	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)
The state of the s			
	·		
Line 9: Total Rece	ipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	a O Time IO show	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.)

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			
Date Land				Amount	
3/5/3/	EAST COAST	2 Keith WAY	LAWN DIGNS	1 / 1 / 1 / 1	
3/5/21	PRINTING	2 Keith WAY Hingham, MA		664.06	
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	TO THE PARTY OF TH				
Ti., 10, T.(1)					
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
		-			
Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD 664.06					
* 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.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid		D em m	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount

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			Total State of the	
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A			4-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	
] [
			7	
		Line 12: Expenditures over \$	350 (or listed above)	
		Line 13: Expenditures \$50 an	d under* (not listed above)	
	·	Line 15. Expenditures \$50 an	a grave (not instead above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
·				
				:
			1	
1.00				
Lii		Line 15: In-Kind Contributions		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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.

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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 OUTSTAN	DING LIABILITIES (ALL)	

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