

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	THE PART OF THE PA			
Fill in Reporting Period dates: Beginning Date: 3/1/	File with: City or Town Clerk or Election Commission Ending Date: 3/31/2025			
Type of Report: (Check one)				
8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution			
Constance S. Bar Candidate Full Name (if applicable) School Comm, Hee Office Sought and District ADS Edgewater D. re Residential Address E-mail: CSbarr (a) cm cast. net Phone #: 617-429-3622	Committee ho Elect Corene San Committee Name Committee Name Name of Committee Treasurer ADS Edgewater Drive Committee Mailing Address E-mail: CSbar (a) Comcast, net Phone #: 417-429-3622			
SUMMARY BALANCI	E INFORMATION:			
Line 1: Ending Balance from previous report				
Line 2: Total receipts this period (page 3, line 12)	100.00			
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)	100.00			
Line 6: Total in-kind contributions this period (page 6, li	ine 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:	Amenci			
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 confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the penalties of perjury:	coordance with the requirements of M.G.L. c. 55. (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 b activity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting p				
Candidate without Committee Certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this considered under the penalties of perjury:	est 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 candidate in accordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury:	(Candidate's signature) Date: 2/31/2005			

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 received 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.

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
3/11/2025	Conne Dan 206 Edgewater Dr	160.00		
	U			
	Į			

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(*************************************
			7
			-
	'		
	ч		
ine 10: Total Receipt	es over \$50 (or listed above)		* If you have itemized receipts of \$50 and
ine 11: Total Receipt	s \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not
ine 12: TOTAL RE	CEIPTS IN THE PERIOD		itemized above. ← Enter on page 1, line 2

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/5/2015	Sennifer Marcus	Fronklin, MA	Nebsto	500,00
				,
				The second secon

SCHEDULE B: EXPENDITURES (continued)

1	To Whom Paid Continued				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
* If you have in	itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)		
should include only those expanditures not					
itemized above. Line 14: Expenditures \$50 and under (not listed above)					
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD		

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 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

Pate Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have i	temized in-kind contributions of	Line 16: In-Kind Contributions over \$50 (or listed above)		
\$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTR	IRITIONS IN THE PERIOD	

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
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

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.

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