

# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

MEEDHAM, MA 02492

Office of Campaign and Political Finance

2025 MAY -1 A 8 29

File with: City or Town Clerk or Election Commission 2025 Fill in Reporting Period dates: Beginning Date: **Ending Date:** 2025 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report ☐ dissolution DEVI BAORI Candidate Full Name (if applicable) SRI Committee Name SCHOOL COMMITTER GREENDALE AVE NEEDHAM, MA
Residential Address Name of Committee Treasurer Committee Mailing Address Sri. bagri @ amail. com E-mail: Phone #: SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 6642,99 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) 6875.8 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. Date: Signed under the penalties of perjury: (Treasurer's signature) 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 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: 5 Signed under the penalties of perjury: (Candidate's signature)

#### **SCHEDULE A: RECEIPTS**

A.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 ear. 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Ittach 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	name and a page number on each additional page.  Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	7		

#### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(101 contributions of \$200 of more)
ina 10: Tatal D	mts excer \$50 ( 1' / 1 1 1 )		
	pts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
ine 11: Total Recei	pts \$50 and under (not listed above)		should include only those receipts not itemized above.
ine 12: TOTAL R	ECEIPTS IN THE PERIOD	•	

#### **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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				-

# **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
, F					
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)			
should include only those expenditures not itemized above.		Line 14: Expenditures \$50 and under (not listed above)			
	Enter on page 1, line $4 \rightarrow$	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 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions ecceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please neclude the candidate or committee name and a-page number on each additional pages.

Date Received	Exam Whom Dane' 14			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
	i i			
Enter on page 1, line $6 \rightarrow$		Line 16. 10 IAL IN-AIND CONT	MIDULIUNS 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 OUTSTAND	INC I IA DII IMIRO (ATT)	

## 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
3/21/2025	NEEDHAM PRESS 218 CHESTNUT ST NEEDHAM, MA 02492	\$5490.73	12050 6.25 X 9 4/4 EDDM POSTCARDS
2/25/2025	PRACTICAL IMAGE 763 WAVERLY STO 1702 ERAMINGHAM, MATO 1702	\$ 158-84	YARD SIGNS AND ECOSTAKES
3/2/2025	PRACTICAL IMAGE 763 WAVERLY ST FRAMINGHAM, MA 01702	\$ 531.25	CORO PLASTIC YARD SIENS WITH STAKES
3/18/20%	PRACTICAL IMAGE T63 WAVERLY ST FRAMINGHAM, MA 01702	\$148.75	CORO PLASTIC YARD SIGNS WITH STAKES
4/2/2025	PRACTICAL IMAGE 763 WAVERY ST FRAMINGHAM, MA 01702	4 132 .81	CORO PLASTIC YARD SIGNS
3/15/2025	STAPLES 163 HIGHLAND AVE NEEDHAM, MA 02494	\$313.42	FLYERS
3/29/2025	META FOR BUSINESS MENLO PARK, CA ADS	\$30	FACEBOOK ADS
3/29/2025	MENLOPARK, (A ADS	\$ 70	FACEBOOK ADS
Line 20: Total Itemize (or listed above)	Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		6875.8	and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	\$ 68 75.8	← Enter on page 1, line 8