

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

FAIRHAVEN TOWN CLERK RCUD 2024 JAN 22 PM3:18

Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution				
Brendalel A. Smith Candidate Full Name (if applicable)  School Committee  Office Sought and District  TI Fort Street, Fairhaven, MA 02719  Residential Address  E-mail: brendalel 45 cogmail.com  Phone #: 401-439-1525  Committee to Elect Brendalel Smith Committee Name  Meli 35a Arruda  Name of Committee Treasurer  71 Fort Street, Fuirhaven, MA 02719  Committee Walling Address  E-mail: hrendalel 45c. ogmail.com  Phone #: 401-439-1525				
SUMMARY BALANCE INFORMATION:				
Line 1: Ending Balance from previous report  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)  Line 9: Name of bank(s) used:  The Bank				
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 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:  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.  Date:  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:  (Candidate's signature)				

#### 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 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. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E 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  Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5-4-23	Smith, Brendalee	\$150.00	1331 COVE KO, New BEADE, MIT 027417
9-26-23	Smith, Brendalee	\$ 100.00	Director of Community Development New Life South Coast 1331 Cove Rd, New Biddon, MAD 174
Line 10: Total Receipts over \$50 (or listed above)		\$ 250,00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Receipts \$50 and under (not listed above)			should include only those receipts not itemized above.
Line 12: TOTAL RECEIPTS 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 D. 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	T		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
5-923	Lepgiaphics, Fre	376 Rekham St. Fall River, MA 02724	Stickers	# 111.577
52523	TD Bank	754 main 3t. Weynouth, MA 02190	Service Charge	\$ 16.00
6-23-23	TD Bank	754 main St. Weymoulk,MA02190	Service Charge	16.00
7-25-23	TO Bank	754 main 37 Weymoulh, MA 02190	Service Charge	16.00
8-25-23	TD Bank	754 main 3+ Weymouth, MAGIGO	Service Charge	16,00
9-25-23	TO Bank	754 Main 3t Weymouth, 10A 02190	Service Charge	\$18.00
1025-23	TD Bank	754 Main 5+ Weymouth, MA 02198	Service Charge	3/18.00
11-24-23	TO Bank	754 Main St Weymouth, MA GUI90	Service Charge	#18.00
12:22-23	7D Bank	754 Main St Weymouth, MACX190	Service Charge	#18.00

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have itemized expenditures of \$50		Line 13: Expenditures over \$50 (or listed above)		\$111.57
and under, include them in line 13. Line 14		Line 14: Expenditures \$50 and under (not listed above)		# 136.00
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	# 247.57

#### 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 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 include the candidate or committee name and a-page number on each additional pages.

Date Received	From Whom Received*	Residential Address Description of Contribution		Value
\$30 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		.6
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		-6-

### **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	OING LIABILITIES (ALL)	-0-

### 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.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			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			← Enter on page 1 line 8