

# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

PHASE 2 4/22/23 - May 31,2023

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TOWN CLEPK

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
	rilly 2023 Ending Date: May 21, 2023
Type of Report: (Check one)	,
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution
Nancy L. D'Uva  Candidate Full Name (if applicable)  Board, Foxboro Housing authority  Office Sought and District  GIN Carl Annon Court Foxbora, 194  Residential Address  Residential Address  O2035-1929  E-mail: Nancylduva e gmail.com  Phone # (optional): 777-219-3315	Committee to Elect Nancy L. Dyva  Committee Name  Charles R. Di Pompo  Name of Committee Treasurer  96 Main St. D-8 Fox boro MT 02035-1859  Committee Mailing Address  E-mail: rockyracoon_80e hot mail.com  Phone # (optional): 508 - 918 - 9359
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$ 956.25
Line 2: Total receipts this period (page 3, line 11)	-0-
Line 3: Subtotal (line 1 plus line 2)	B 956.25
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	\$943,25
Line 6: Total in-kind contributions this period (pa	age 6) — O —
Line 7: Total (all) outstanding liabilities (page 7)	# 1,000.00
Line 8: Name of bank(s) used: 7D Bank	, 54 Central St, Poxbon, MA.
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best inctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind inance activity of all persons acting under the authority of on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	, ,
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 cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.
igned under the penalties of perjury: Manney L. L.	(Candidate's signature) Date: 5-23-202

# **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.)

eport all receipts. Pl	ease include your committee name and a pa	ge number on ea		
Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(aiphaseirear issing requirea)		(xor constraint or \$200 or more)	
			<del> </del>	
ı				
		/	1	
	·			
Line 9: Total Recei	ots over \$50 (or listed above)			
Line 10: Total Recei	pts \$50 and under* (not listed above)			
ine 11. TOTAL D	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2	
anc II. IVIAL N			Enter on page 1, line 2	

<sup>\*</sup> 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)**

Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
			7	
Line 9: Total Recei	pts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD	0	Enter on page 1, line 2	

<sup>\*</sup> 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/30/2023	TO Bank	54 Central St. Foxboro, MA 02035	Maintenance and Paper Statement Fees (10.00 + 3.00)	\$13,00
	· ·	*	**	
Line 12: Total Expenditures over \$50 (or listed above)			73.00	
Line 13: Total Expenditures \$50 and under* (not listed above)  C  Line 14: TOTAL EXPENDITURES IN THE PERIOD  13.00				

<sup>\*</sup> 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				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		4			
	7				
·					
		Line 12: Expenditures over \$50	(or listed above)		
Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 13.00*				
* If you have itemized expenditures of \$50 and under include them in line 12. I ine 13 should include only those expenditures not itemized					

<sup>\*</sup> 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 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 16 on page 1.

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

<sup>\*</sup> 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
1/31/2023	Nancy L, O'Uva	61 N annon Court Fox boro, MA 02035- 1924	Loan by Candidate	1,000,00
			Land to the second seco	

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)