



Form CPF M 102-0: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town of: **NORTHBIDGE**

Reporting Period: _____ Beginning: _____

04/30/2022

Ending:

06/06/2022
(MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary☒ 30th day following election (town or special)☐ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I **am** a candidate for or currently hold Municipal Office.
2. I certify that I **have** not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I **do** not have a political committee.

[illegible]

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LINDA S. ZYWIEN



Commonwealth
Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

File in Reporting Period dates: Beginning Date: 5/18/22 Ending Date: 6/16/22

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

MICHAEL WILLIAM BAKER

Candidate Full Name (if applicable)

PLANNING BOARD

Office Sought and District

79 LINWOOD AVE. WHITINSVILLE MA 01588

Residential Address

email: mbaker6246@gmail.com

Phone # (optional): _____

N/A

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

N/A

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 14)

0

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

40

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

N/A

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.

Subscribed under the penalties of perjury:

(Treasurer's signature)

Date: _____

R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

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 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.

☒ Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Subscribed under the penalties of perjury:

(Candidate's signature)

Date: 5/23/22

SCHEDULE A: RECEIPTS (continued)[illegible]

ne 9: Total Receipts over \$50 (or listed above)

ne 10: Total Receipts \$50 and under* (not listed above)

ne 11: TOTAL RECEIPTS IN THE PERIOD

0

← Enter on page 1, line 2

^f If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Trial	Control	MCI	AD
1	85	75	65
2	88	78	68
3	90	80	70
4	92	82	72
5	95	85	75

* 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.

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 OUTSTANDING LIABILITIES (ALL)		0

