Due June 16,2022

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

Please print or type all information, except signatures	06/06/2022 (MM/DD/YYYY)	20th day of January (Year-End report)	uant 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.	OFFICE SOUGHT	moderatur	RECEIVED 22 JUN 27 PM 6: 57 NORTHBRIDGE TOWN CLERK LINDA'S. ZYWIEN
Pleas	Ending:	■ 30th day following election (town or special)	tions during this reporting period, and	RESIDENTIAL ADDRESS (Street and Number)	39 Herstage Drive	
	04/30/2022 (MM/DD/YYYYY)		cipal Office. e any expenditures, or incurred any obligat	Signed under the penalties of perjury	Jam J Jones	
NORTHBRIDGE	Beginning:	e) minary/primary	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Muni 2. I certify that I have not received any contributions, mad 3. I certify that I do not have a political committee.	PRINT NAME	lenry J. Lance	
City or Town of:	Reporting Period:	Type of Report: (Check One)	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not n 3. I certify that I do not hav	DATE	6/16/22 He	



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Office of Campaign and Political Finance

RECEIVED

22 MAY 25 AM 9: 03

	File with: City or Town (lerk or Election Commission	
ll in Reporting Period dates: Beginning Date: 5	8/22 Ending Date: 6/16/2		
ype of Report: (Check one)	NORTHBRIDG T TEDA	B. ZYWIEN	
	30 day after election year-end repor	dissolution	
MICHAEL WILLIAM BAKER	N/A	,,	
Candidate Full Name (if applicable) PLANNING BOARD	Committee Name		
Office Sought and District 79 LINWOOD AVE. WHITINSVILLE MA 01588	Name of Committee Treasure	г	
Residential Address mail: mbaker 6246@gmail.com	Committee Mailing Address E-mail:		
one # (optional):	Phone # (optional):		
SUMMARY BALANC	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	4) 0		
Line 5: Ending Balance (line 3 minus line 4)	0		
Line 6: Total in-kind contributions this period (pag	6) 40		
Line 7: Total (all) outstanding liabilities (page 7)	0		
Line 8: Name of bank(s) used: N/A			
lavit of Committee Treasurer: ify that I have examined this report including attached schedules and it is, to the best o ity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co- ce activity of all persons acting under the authority or on behalf of this committee in ac- ed under the penalties of perjury:	ibutions and liabilities for this reporting period and repres	all campaign finance ents the campaign	
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	y)		
Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in accommuted any liabilities nor made any expenditures on my behalf during this reporting portion of the committee of t	nce with the requirements of M.G.L. c. 55. I have not recod.	nt of all campaign finance eived any contributions,	
certify that I have examined this report including attached schedules and it is, to the beinance activity, including contributions, loans, receipts, expenditures, disbursements, is ampaign finance activity of all persons acting under the authority or on behalf of this c	of my knowledge and belief, a true and complete statement ind contributions and liabilities for this reporting period at	nd represents the	
d under the penalties of perjury:	(Candidate's signature)	111	

(Candidate's signature)

SCHEDULE A: RECEIPTS (continued)

Data Bassina I	Name and Residential Address		Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
		1 1	1.7		
			Ye.		
ne 9: Total Receip	ts over \$50 (or listed above)	0			
ne 10: Total Receip	ots \$50 and under* (not listed above)	0			
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2		
f you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.					

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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		1		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	550 & under (not listed above)	40
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	40

^{*} 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.

Page 6

SCHEDULE D: LIABILITIES

 $\mathring{M}.G.L.$ c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well is those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			ING LIABILITIES (ALL)	0

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Commonwealth of Massachusetts

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	Ending:	X 30th day following election (town or special)	gations during this reporting period	RESIDENTIAL ADDRESS (Street and Number)	3 C/1995 NO	
	04/30/2022 (MM/DD/YYYY)	8th day preceding election	eceding election X 30th day follow nicipal Office.	Signed under the penalties of perjury	Mysermal	
NORTHBRIDGE	Beginning:	nary/primary	uant 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 expend 3. I certify that I do not have a political committee.	PRINT NAME	Michael Wilhos	
City or Town of:	Reporting Period:	Type of Report: (Check One)	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not n 3. I certify that I do not hav	DATE	5/9/22	