



Commonwealth  
of Massachusetts

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# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

2023 NOV -2 AM 10:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Thomas R. NATEM

Candidate Full Name (if applicable)

SCHOOL COMMITTEE GRANTOR Lawrence TECN

Office Sought and District

16 RICHARD AVE METHUEN MA

Residential Address

E-mail: T.NATEM@VERIZON.NET

Phone # (optional): 978 794 8235

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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)

0

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

0

Line 8: Name of bank(s) used: \_\_\_\_\_

0

#### 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.

(Treasurer's signature)

Date: \_\_\_\_\_

Signed under the penalties of perjury: \_\_\_\_\_

#### 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

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.

Date: NOV 26

Signed under the penalties of perjury: \_\_\_\_\_

John R. NATEM

(Candidate's signature)



Commonwealth  
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**Form CPF M101: STATEMENT OF ORGANIZATION  
CANDIDATE'S COMMITTEE  
MUNICIPAL FORM**

**Office of Campaign and Political Finance**

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

<b>CANDIDATE:</b>	Full Name: _____
Residential Address:	_____
City / State / Zip:	_____
E-Mail Address:	_____
Party Affiliation:	_____
	Phone #: _____ (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title:	_____
District:	_____

<b>COMMITTEE:</b> Name of Committee: _____	
(The name of the committee must include the candidate's last name)	
Committee Mailing Address:	_____
City / State / Zip:	_____
	Phone #: _____

**OFFICERS:**

Chairman:	Treasurer*:
Residential Address:	Residential Address: _____
City / State / Zip:	City / State / Zip: _____
Phone #:	Phone #: _____ Email: _____ *A public employee may not serve as treasurer of any political committee (see reverse).
Other Officer/Title:	Other Officer/Title: _____
Residential Address:	Residential Address: _____
City / State / Zip:	City / State / Zip: _____
Phone #:	Phone #: _____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Date: \_\_\_\_\_

Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Date: \_\_\_\_\_

Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Date: \_\_\_\_\_

Chairman's signature