

Form CPF M 102: Campaign Finance Report Municipal Form FREETOWN ELECTIONS REC'D JAN 22 2024 AM8:00

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 12	2/31/2022 Ending Date: 12/31/2023
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
Jared Zager	Committee to elect Jared Zager
Candidate Full Name (if applicable) Selectman	Committee Name Chris Cabral
1 Glen st. Assonet MA 02702	Name of Committee Treasurer 1 Glen st. Assonet MA 02702
Residential Address E-mail:	Committee Mailing Address E-mail: Cjqcp@comcast.net
Phone #: 6033038789	Phone # : 508-294-2212
STIMM ADV DAT AN	CE INFORMATION:
SUVIVIARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	29.63
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	29.63
Line 4: Total expenditures this period (page 5, line 15	0
Line 5: Ending Balance (line 3 minus line 4)	29.63
Line 6: Total in-kind contributions this period (page 6.	, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0
Line 9: Name of bank(s) used: St Michaels FC	CU
ffidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind mance activity of all persons acting under the authority or on behalf of this committee in	Contributions and liabilities for this reporting posied and separate the
igned under the penalties of perjury:	(Treasurer's signature) Date: //// 24
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I bo	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in act incurred any liabilities nor made any expenditures on my behalf during this reporting	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, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the scandidate in accordance with the requirements of M.G.L. c. 55.
gned under the penalties of perjury:	(Candidate's signature)
Ø .	

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.)

report all receipts. F	Please include your committee name and a pa	ge number on ea	ch page.)
	Name and Residential Address	A	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(10) Conti ibutions of \$200 of more)
	_		
			2
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	Ö	← Enter on page 1, line 2
		2 71 40 1	I to the second second second

^{*} 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)

Data Dansingd	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(101 CONTIDUCTORS OF \$200 OF MOTE)
			*:
	îi .		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

^{*} 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
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			(1)	
				20
		×		
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	0

^{*} 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		
		1				
		10 70 114 0000	(1:-4-1-1.)			
		Line 12: Expenditures over \$50	(or listed above)			
		Line 13: Expenditures \$50 and t	inder* (not listed above)			
4	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			,	
				27
	·			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} 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
				: #
	Entange 1 1' 7	Line 18: TOTAL OUTSTAND	INC LIADITITIES (ALL)	0