



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: October 20th Ending Date: November 3rd

Type of Report: (Check one)

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

Rachelle Jeanty
Candidate Full Name (if applicable)

Regional School Committee, Randolph
Office Sought and District

22 Gloria Road, Randolph, MA 02368
Residential Address

E-mail: rjeanty@bluehills.org

Phone # (optional): _____

Committee to Elect Rachelle Jeanty
Committee Name

Darian Leta
Name of Committee Treasurer

22 Gloria Road, Randolph, MA 02368
Committee Mailing Address

E-mail: rachelleforma@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	400.00
Line 3: Subtotal (line 1 plus line 2)	400.00
Line 4: Total expenditures this period (page 5, line 14)	67.22
Line 5: Ending Balance (line 3 minus line 4)	332.78
Line 6: Total in-kind contributions this period (page 6)	○
Line 7: Total (all) outstanding liabilities (page 7)	○
Line 8: Name of bank(s) used:	<u>Rockland Trust</u>

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.

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 12/05/20

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.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 12/14/2020

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/28/2020	Jeanne Wallace-Buckley 111 Pleasant St, Milton, MA 02186	250.00	Administrative Manager Children's Hospital, 300 Longwood Avenue, Boston, MA 02115
10/30/2020	Steve Crosby 64 Pond Street, Jamacia Plain 02130	100.00	Chair Massachusetts Gaming Commission 101 Federal St., 12th Floor Boston, MA 02110
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		400.00	← 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. Page 2

