



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

TOWN CLERK  
BOARD OF REGISTRARS  
TEWKSBURY, MA

Office of Campaign and Political Finance

2024 APR 29 AM 8:38

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/20/2024 Ending Date: 4/26/2024

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Pamela A. LeFare  
Candidate Full Name (if applicable)  
Tewksbury Board of Health  
Office Sought and District  
1024 Chandler St - Tewksbury  
Residential Address  
E-mail: 2YRHLTH@msn.com  
Phone #: \_\_\_\_\_

N/A  
Committee Name  
Name of Committee Treasurer  
Committee Mailing Address  
E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="checkbox"/>
Line 2: Total receipts this period (page 3, line 12)	<input type="checkbox"/>
Line 3: Subtotal (line 1 plus line 2)	<input checked="" type="checkbox"/>
Line 4: Total expenditures this period (page 5, line 15)	<input type="checkbox"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="checkbox"/>
Line 6: Total in-kind contributions this period (page 6, line 18)	<input type="checkbox"/>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<input type="checkbox"/>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>392.59</u>
Line 9: Name of bank(s) used:	<u>Hanscom Federal Credit</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: \_\_\_\_\_

#### 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: Pamela A. LeFare (Candidate's signature) Date: 4/29/2024



### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
4/1/2024	connolly Printing 17 Gill St Woburn MA	392.59	50 lawn Signs for Campaign
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		392.59	← Enter on page 1, line 8

2024 APR 29 AM 8:38  
BOARD OF REGISTRARS  
TELECOMMUNICATIONS  
MA

\*Schedule E is not for ballot question committee use.