



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED
CLERK'S OFFICE
SHARON, MA 02067

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 2022 JUN 17 A 11: 19 Beginning Date: 5/8/22 Ending Date: 6/17/22

Type of Report: (Check one)

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

SAM LIAO
Candidate Full Name (if applicable)

SELECT BOARD
Office Sought and District

12 TURNING MILL RD, SHARON, MA
Residential Address

Telephone Number (optional): _____

COMMITTEE TO ELECT SAM LIAO
Committee Name

GREGORY T. SYDNEY
Name of Committee Treasurer

12 TURNING MILL RD, SHARON, MA
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 817.52</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 4,458.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 5,275.52</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 3,527.20</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 1,748.32</u>
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>SHARON CREDIT UNION</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: Greg Sydney (Treasurer's signature) Date: 6/17/22

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.

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: _____

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)
5/8/22	KATHIEEN KELLEY 18 HENRY ST SHARON, MA 02067	\$100.00	
5/9/22	MARGARET ROLPH 8 PATTY ANN PL WALPOLE, MA 02032	\$50.00	
5/10/22	ANDREA FENNEL 27 FRANCIS RD SHARON, MA	\$50.00	
5/11/22	BRIAN MALONE 52349 BRIARCLIFF LN SOUTH BEND, IN 46635	\$8.00	
5/11/22	KURT BUERMANN 45 FURNACE ST SHARON, MA 02067	\$250.00	
5/11/22	GREGORY & ELIZABETH SYDNEY 8 TURNING MILL RD SHARON, MA 02067	\$200.00	TRI-CAPITAL & COMPANIES REAL ESTATE
5/11/22	JOHN MARTINO 256 MANSFIELD ST SHARON, MA	\$25.00	
5/11/22	DONNA SMITH 282 SEAVER ST STOUGHTON, MA 02072	\$25.00	
5/11/22	ROBERT S. CASSIDY 10 REGENCY DR HOLLISTON, MA 01746	\$25.00	
5/11/22	MARIE A. MARTIN 24 WALNUT ST SHARON, MA 02067	\$20.00	
5/11/22	KURT BUERMANN 45 FURNACE ST SHARON, MA 02067	\$150.00	
5/11/22	SAMUEL SOLOMON 124 OAK HILL DR SHARON, MA 02067	\$100.00	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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 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 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)
5/11/22	JAMES & ANNE CARNEY 41 POLE PLAIN RD SHARON, MA. 02067	\$50.00	
5/11/22	LEN & SUSAN ZANDROW JR 8 SYLVAN RD SHARON, MA. 02067	\$25.00	
5/11/22	SAM CHIN 65 WILSHIRE DR SHARON, MA. 02067	\$30.00	
5/11/22	SAM LIAO 12 TURNING MILL RD SHARON, MA 02067 LOAN TO CAMPAIGN	\$3000.00	JACOB ENGINEERING PROJECT ENGINEER
5/11/22	16 TURNING MILL RD SHARON, MA. 02067	\$150.00	
5/11/22	HCA WEN 103 CAVINS POND RD SHARON, MA. 02067	\$100.00	
5/14/22	LARRY SHULKIN 7 NATHANIEL BUILD RD SHARON, MA. 02067	\$50.00	
5/15/22	STANLEY GRAEBNE 400 E CHIC ST. 3801 CHICAGO, IL. 60611	\$50.00	

Line 9: Total Receipts over \$50 (or listed above) \$4458.00

Line 10: Total Receipts \$50 and under* ^{all} ~~not~~ listed above

Line 11: TOTAL RECEIPTS IN THE PERIOD \$4458.00 ◀ 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

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
5/16/22	EAST COAST PRINTING	2 KEITH WAY HINGHAM, MA 02043	LAWN SIGNS	\$291.85
5/18/22	EAST COAST PRINTING	2 KEITH WAY HINGHAM, MA 02043	MAILING	\$3,191.85
5/24/22	SHAW'S	SHAW'S PLAZA SPACON, MA 02067	LUNCH ON ELECTION DAY	\$43.50

Line 12: Total Expenditures over \$50 (or listed above)	\$3,483.70
Line 13: Total Expenditures \$50 and under* (not listed above)	\$43.50
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$3,527.20

Enter on page 1, line 4 →

* 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
* 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. Enter on page 1, line 6 →			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	